JEREMY BULLOCK SAFE SCHOOLS SUMMIT

BUTTE, MT 2024

Enhancing MTSS to Create Effective Systems of Crisis Planning, Response and Recovery

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Astrum Health, LLC

www.astrumHealthLLC.org

- **As school and district communities consider options for effectively supporting students, educators, and families during and after a crisis, it can be difficult to identify critical impactful actions.**

- **School Mental Health and MTSS informed by disaster response and recovery behavioral health can serve as a road map to meet this challenge. This presentation will provide an overview of comprehensive crisis planning steps for schools, the SAMHSA’s crisis/disaster phases and common behavioral health symptoms, and recommendations in each phase as well as considerations for cultural adaptations.**

- **Presenters will also discuss how this information can guide implementation efforts through the various phases of disaster response and recovery for schools**

Agenda

- Social & Cultural Context
- Neurophysiology of crisis
- Disaster & Critical Incident Recovery & Leadership
- PBIS / MTSS overview
- Crisis Response in MTSS Framework

“A problem never exists in isolation; it is surrounded by other problems in space and time. The more of the context of a problem that a scientist can comprehend, the greater are their chances of finding a truly adequate solution.”

– Russell Ackoff

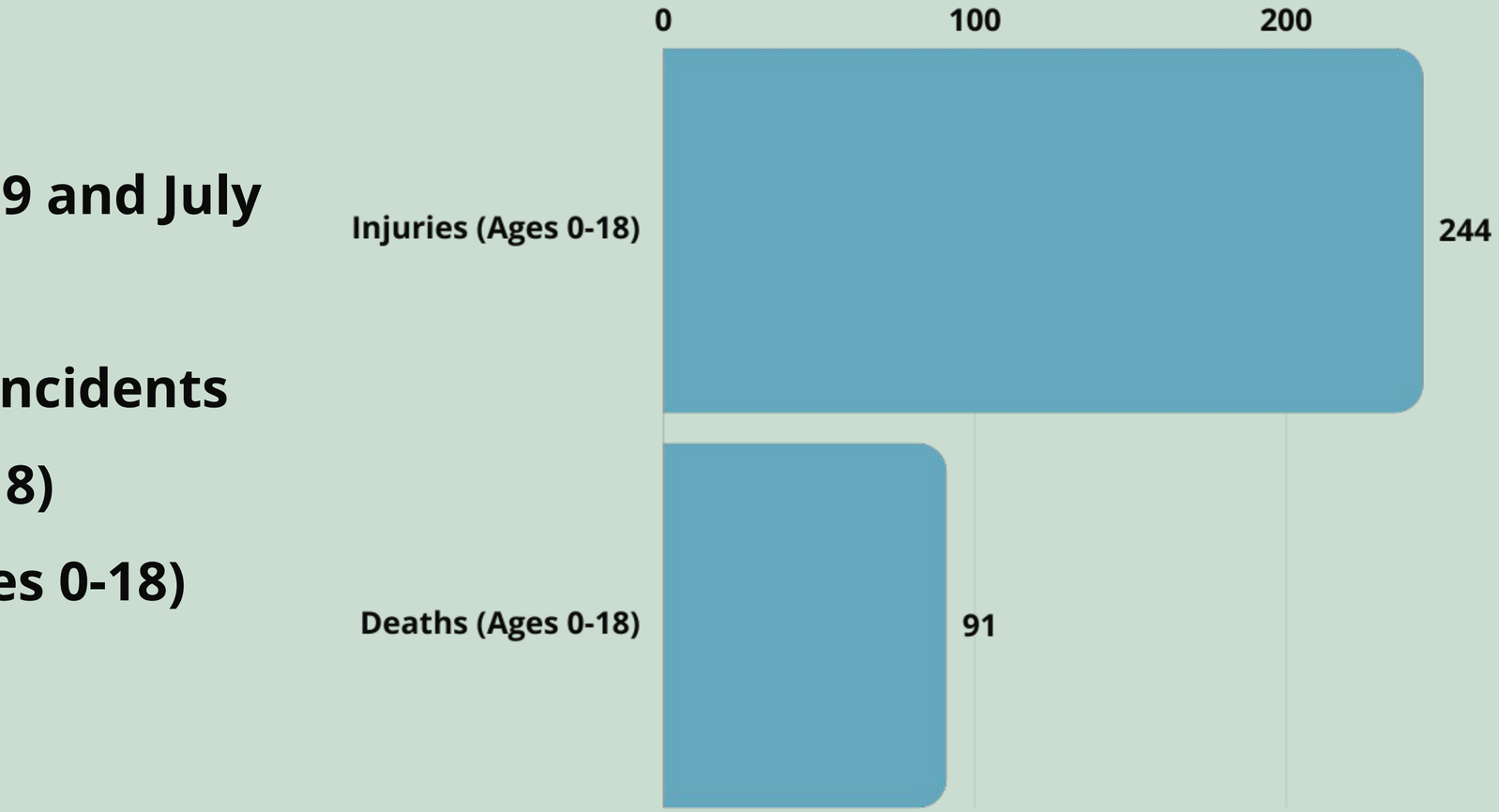
- Nearly 20% of children and young people ages 3-17 in the United States have a mental, emotional, developmental, or behavioral disorder.
- Suicidal behaviors among high school students increased more than 40% in the decade before 2019.
- Mental health challenges were the leading cause of death and disability in this age group.
- **These trends were exacerbated**

2022 National Healthcare Quality and Disparities Report [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2022 Oct. CHILD AND ADOLESCENT MENTAL HEALTH. Available from: https://www.ncbi.nlm.nih.gov/books/NBK587174/

School Violence Incidents

Between September 2019 and July 2024..

- **244 School Violence Incidents**
- **91 fatalities (ages 0-18)**
- **244 were injured (ages 0-18)**



https://www.gunviolencearchive.org/query/d2ca0f7c-b238-4388-912c-ff28f0810e29?page=8

How do violent incidents impact children?

4-5 months after incident:

- **69% of survivors percieved their academic performance to be impaired**
- **44% to be unchanged**
- **16% to be improved**

14-15 months after incident:

- **143 (61%) survivors reported academic performance to be impaired**
- **26% unchanged**

(Stene et al., 2019)

More Data

Those exposed to gun violence had shown higher levels of..

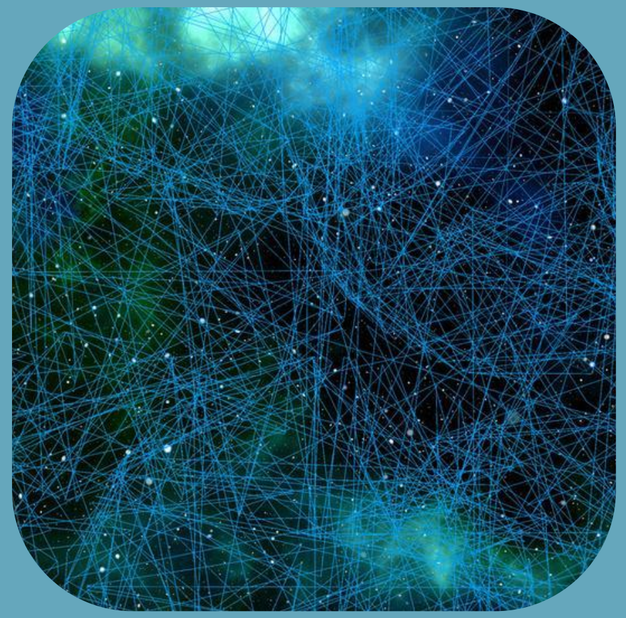
- **Psychological distress**
- **Depression symptoms**
- **Suicidal ideation**

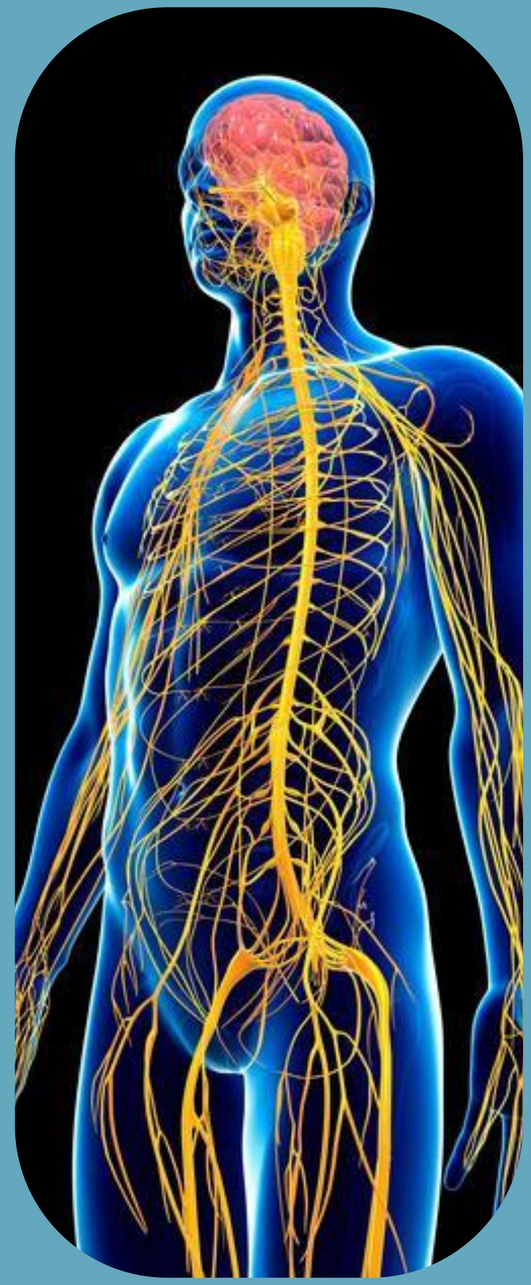
...than those who haven't been exposed to gun violence

(Smith et al., 2020)

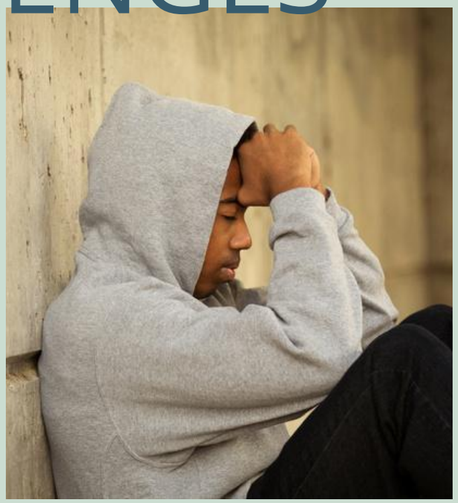
The Neurophysiology of Crisis

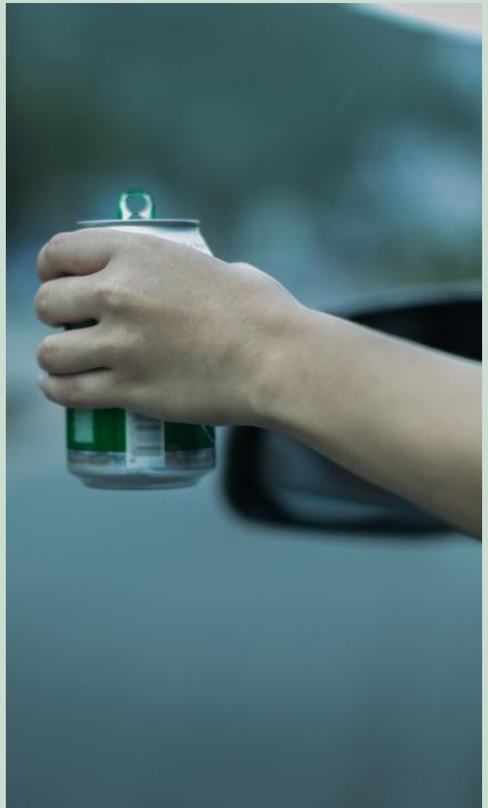
The human brain and body respond in known and predictable ways to stress and trauma. There are often similar responses to exposure in single incidents or over longer periods of time. The limbic system is activated when we perceive a threat, and additional processes are engaged in an effort to keep us alive and safe.





COMMON EXPERIENCES OR CHALLENGES





COMMON RESPONSES

EMOTIONAL ISSUES

- IRRITABILITY
- EASILY FRUSTRATED
- ANGRY
- TEARFULNESS
- HOPELESSNESS

COGNITIVE/ THINKING ISSUES

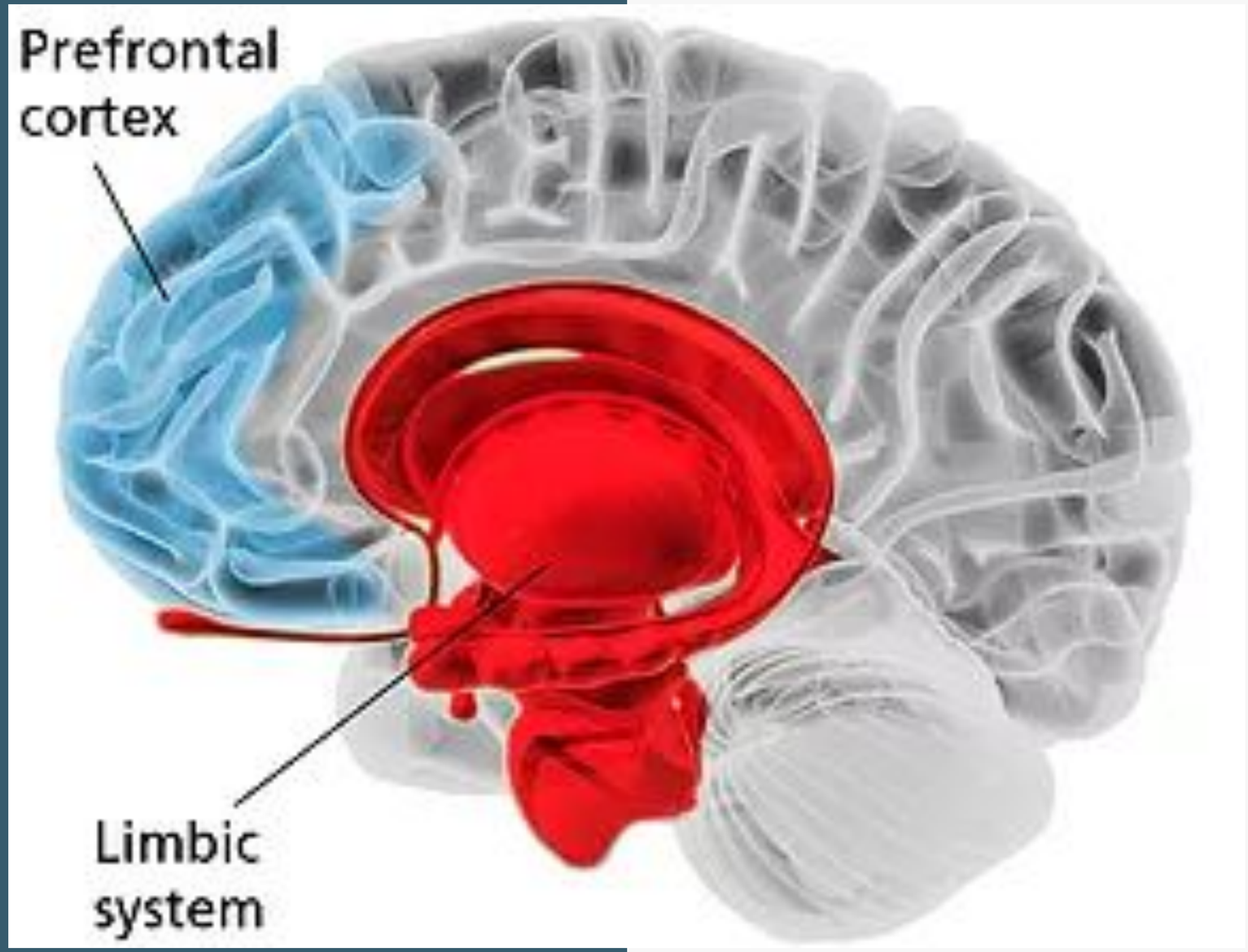
- TROUBLE CONCENTRATING
- DIFFICULTY TRACKING DETAILS
- TROUBLE WITH ORGANIZATION
- TROUBLE FOCUSING
- MEMORY ISSUES

PHYSICAL ISSUES

- HEADACHES
- STOMACHACHES
- TROUBLE SLEEPING
- APPETITE
- MUSCLE TENSION

BEHAVIORAL ISSUES

- AGGRESSION
- SUBSTANCE USE
- SHUTTING DOWN
- WITHDRAWAL
- ISOLATION

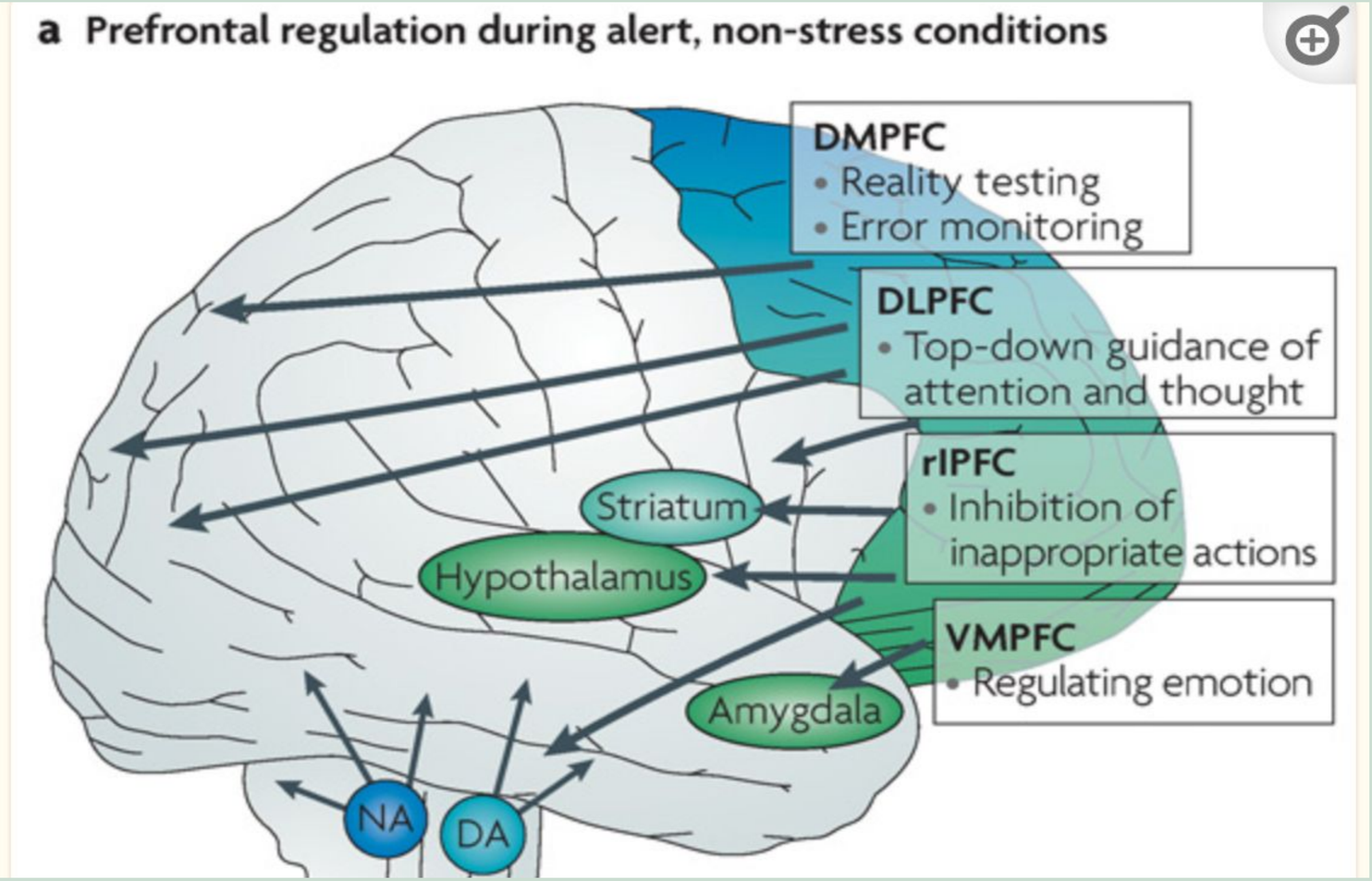


THE NEUROSCIENCE OF RESPONSE AND RECOVERY

Limbic System

Areas	Functions
Cingulate gyrus	Autonomic functions regulating heart rate and blood pressure as well as cognitive, attentional and emotional processing.
Parahippocampal gyrus	Spatial memory
Hippocampus	Long-term memory
Amygdala	**Anxiety, aggression, fear conditioning; emotional memory and social cognition.**
Hypothalamus	Regulates the autonomic nervous system via hormone production and release. Secondarily affects and regulates blood pressure, heart rate, hunger, thirst, sexual arousal and the circadian rhythm sleep/wake cycle.
Mammilary body	Memory
Nucleus accumbens	Reward, Addiction

Rajmohan V, Mohandas E. The limbic system. Indian J Psychiatry. 2007 Apr;49(2):132-9. doi: 10.4103/0019-5545.33264. PMID: 20711399; PMCID: PMC2917081.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2917081/#:~:text=The%20fear%20and%20rage%20responses,%E2%80%9Cflight%20or%20fright%20response%E2%80%9D.

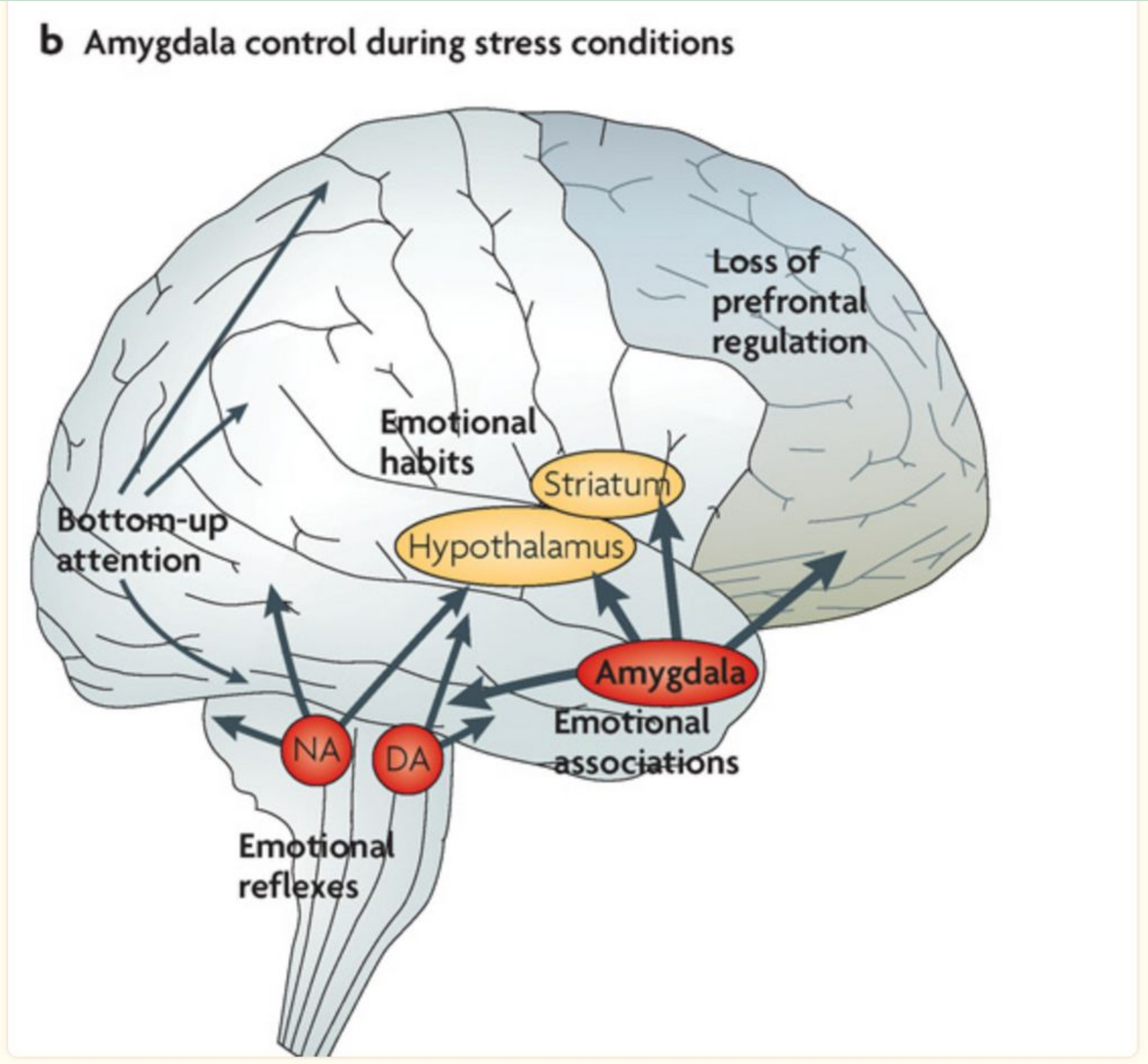


Prefrontal Cortex

"The prefrontal cortex (PFC) intelligently regulates our thoughts, actions and emotions through extensive connections with other brain regions."

** DOES NOT FULLY DEVELOP

UNTIL EARLY to MID 20s



“The reduction in PFC functioning that occurs during stress is highly relevant to understanding human mental and physical health. loss of self-control during stress exposure can lead to relapse of a number of maladaptive behaviors, such as drug addiction, smoking, drinking alcohol and overeating.”

Arnsten AF. Stress signalling pathways that impair prefrontal cortex structure and function. Nat Rev Neurosci. 2009 Jun;10(6):410-22. doi: 10.1038/nrn2648. PMID: 19455173; PMCID: PMC2907136.

Li CS, Sinha R. Inhibitory control and emotional stress regulation: neuroimaging evidence for frontal-limbic dysfunction in psycho-stimulant addiction. Neurosci. Biobehav. Rev. 2008;32:581–597. [PMC free article] [PubMed] [Google Scholar] This paper relates prefrontal dysfunction during stress to substance abuse.

BEHAVIORAL HEALTH STAGES FRAMEWORK FOR DISASTERS AND CRITICAL INCIDENTS

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THEORETICAL BASES AND CURRENT RESEARCH

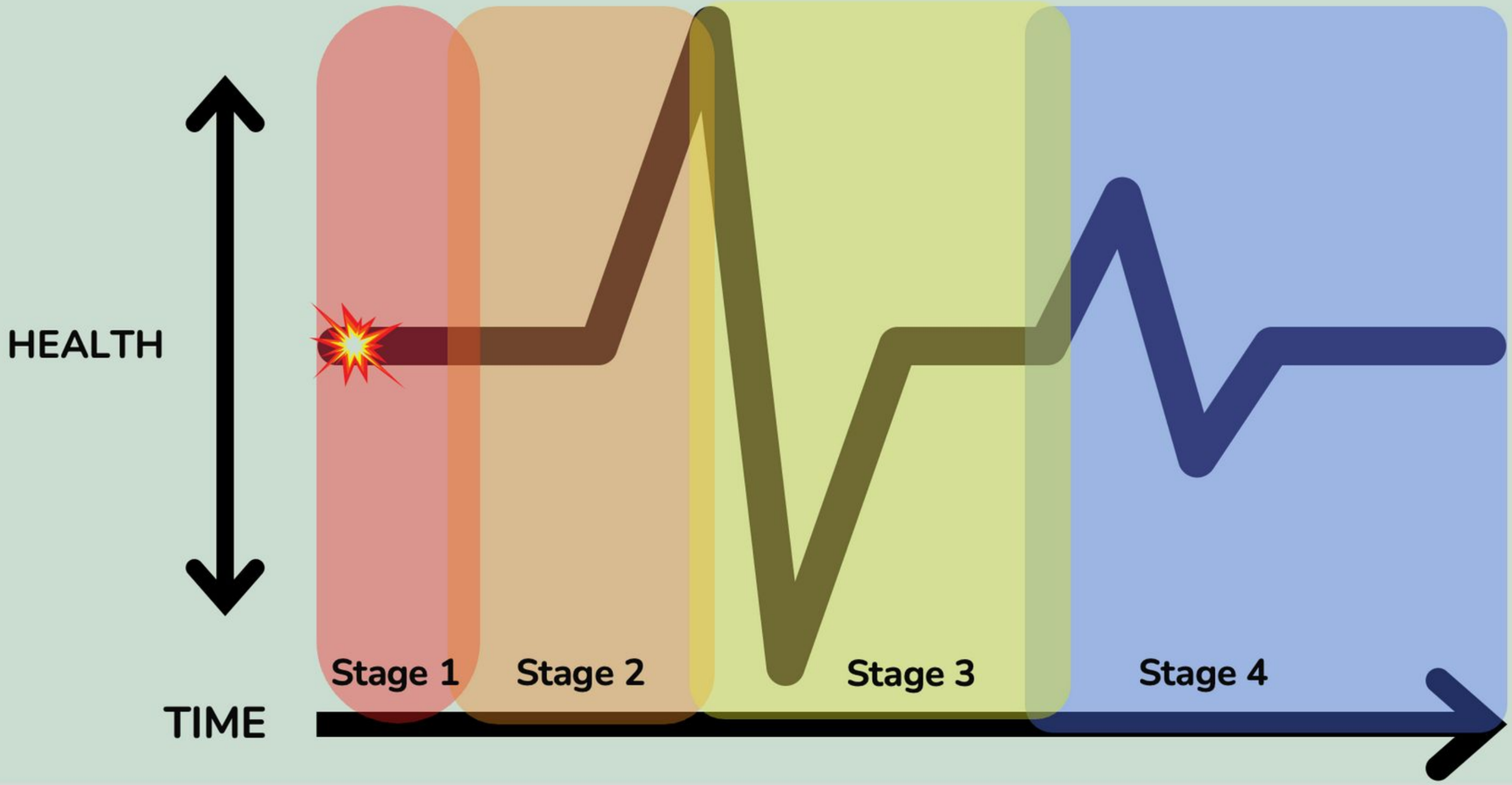
Research supporting this stage model was garnered from international and national (U.S.) sources in an attempt to find common themes and timelines across incidents.

The framework of stages was made to broadly provide structure for what we recognize are considerable local, individual and incident specific variability of experience.

Areas of research literature that were included in the process of developing in this stage model include:

- **Emergency Management**
- **Trauma recovery**
- **Grief & Loss**
- **Resilience**
- **Clinical Psychology**
- **Disaster / Risk Science**
- **Public Health**

BEHAVIORAL HEALTH IN DISASTERS & CRITICAL INCIDENTS



GOALS: Adjust to safety and primary needs, Triage, Initial impact assessment

ISSUES: Fear, Panic, Uncertainty, Direct loss and exposures

FOCUS: Triage, Psychological First Aid, Safety, Assessment of ongoing or potential threat

GOALS: Establish BH supports & strategies; use energy and attention to prepare for challenges.

ISSUES: Denial of impact, Unrealistic perception of recovery, high bonding & external support

FOCUS: Planning, Training, Prep for Surge, Communicate typical reactions / Reassure

GOALS: BH support at higher acuity levels and for more people (MH surge), screening & assessment

ISSUES: Grief, Loss, Hopelessness, Depression, Suicide, Exhaustion, Disaster cascade effects (economics & limits of assistance).

FOCUS: Tiered support, Referral sources, plan for long-term recovery

GOALS: Adjustment, Reconnection, Purpose, Hope

ISSUES: Grief, Loss, Disaster cascade effects, Exhaustion, “new” focus

FOCUS: Community Connections and Collaboration. Training, Lessons Learned / Readiness

Stage 1:

Impact / Rescue

(hours to weeks post-impact)

Stage 2:

Heroic / Cohesion

(weeks to months post-impact)

Stage 3:

Adversity / Surge

(months post-impact)

Stage 4:

Rebuilding / Resilience

(months to years post-impact)

Related and Supporting Literature & Research for BH Stages Framework

1. ARIZMENDI, B. J., & O'CONNOR, M. F. (2015). WHAT IS "NORMAL" IN GRIEF? AUSTRALIAN CRITICAL CARE, 28(2), 58–62. HTTPS://DOI.ORG/10.1016/J.AUCC.2015.01.005
2. Arnold, S. A., Brockdorff, N., Jakoljev, I., Zdravkovic, S. (2021). Disaster preparedness and cultural factors: a comparative study in Romania and Malta. PMC, Jul; 45(3). 664-690. https://doi.org/10.1111/disa.12433
3. Arnold, S. A., Brockdorff, N., Jakovljev, I., & Zdravković, S. (2018). Applying cultural values to encourage disaster preparedness: Lessons from a low-hazard country. International Journal of Disaster Risk Reduction, 28, 743-752. https://doi.org/10.1016/j.ijdrr.2018.04.015
4. Australian Institute for Disaster Resilience Knowledge Hub. (n.d.). The national principles for disaster recovery. National Emergency Management Agency. https://knowledge.aidr.org.au/resources/national-principles-for-disaster-recovery/
5. Bryant, R. A. (2006). Recovery after the tsunami: timeline for rehabilitation. The Journal of Clinical Psychiatry, 67(2), 50–55. https://www.ncbi.nlm.nih.gov/pubmed/16602816
6. Cherry, K. E., & Gibson, A. (2021). The Intersection of Trauma and Disaster Behavioral Health: Intersection of trauma and disaster behavioral health. Springer. https://doi.org/10.1007/978-3-030-51525-6
7. Leung, T. T., & Wong, H. (2005). Community reactions to the SARS crisis in Hong Kong: Analysis of a time-limited counseling hotline. Journal of human behavior in the social environment, 12(1), 1-22. https://doi.org/10.1300/J137v12n01_01
8. Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical examination of the stage theory of grief. JAMA, 297(7), 716-723. https://doi.org/10.1001/jama.297.7.716
9. Ministry of Health. (2019). Tiered care model for mental health care delivery. Government of Singapore. https://www.moh.gov.sg/docs/librariesprovider5/default-document-library/annex---national-mental-health-and-well-being-strategy.pdf
10. Miyagi Prefecture Reconstruction Force. (2011). Outline of the Miyagi Prefecture Disaster Recovery Plan. Miyagi Prefecture Government. https://www.pref.miyagi.jp/site/miyagifukkounotabi/en/history/index.html
11. Pacella, B. J., Cowlishaw, S., Gibbs, L., Bryant, R. A., Brady, K., Gallagher, C., Molyneaux, R., Gibson, K., Block, K., Harms, L., Forbes, D., & O'Donnell, M. L. (2024). Trajectory of adjustment difficulties following disaster: 10-year longitudinal cohort study. BJPsych Open, 10. https://doi.org/10.1192/bjo.2024.3
12. SAMHSA. (2000). Field Manual for Mental Health and Human Service Workers in Major Disasters. ADM, 90-0537. https://store.samhsa.gov/sites/default/files/adm90-0537.pdf
13. Shiba, K., Daoud, A., Kino, S., Nishi, D., Kondo, K., & Kawachi, I. (2022). Uncovering heterogeneous associations of disaster-related traumatic experiences with subsequent mental health problems: A machine learning approach. Psychiatry and Clinical Neurosciences, 76(4), 97–105. https://doi.org/10.1111/pcn.13322

What to prioritize when working with children, youth and teens

What do Children, Youth and Teens need?

TRUST

honest answers and explanations

SAFETY, ROUTINE, STABILITY
consistency, plans and predictable patterns

CONTROL AND A SENSE OF FUTURE

Forward thinking

TRUST

Include them in decision making and discussion of concerns and options at a developmentally appropriate level (academic, social, media)

Allow them active participation in cultural ,family and community practices, rituals, ceremonies, etc (particularly around grief and loss)

Don’t hide the truth from kids or lie to them. Be honest, and share things at an appropriate emotional level.

SAFTEY, ROUTINE AND STABILITY
Transitioning to and from
“Emergency Mode”

- The brain and body need an opportunity to let down on the ‘threat scanning’ and be more accurately tuned in to day-to-day ups and downs.

- ADDICTION TO THE EMERGENCY IS A REAL THING.

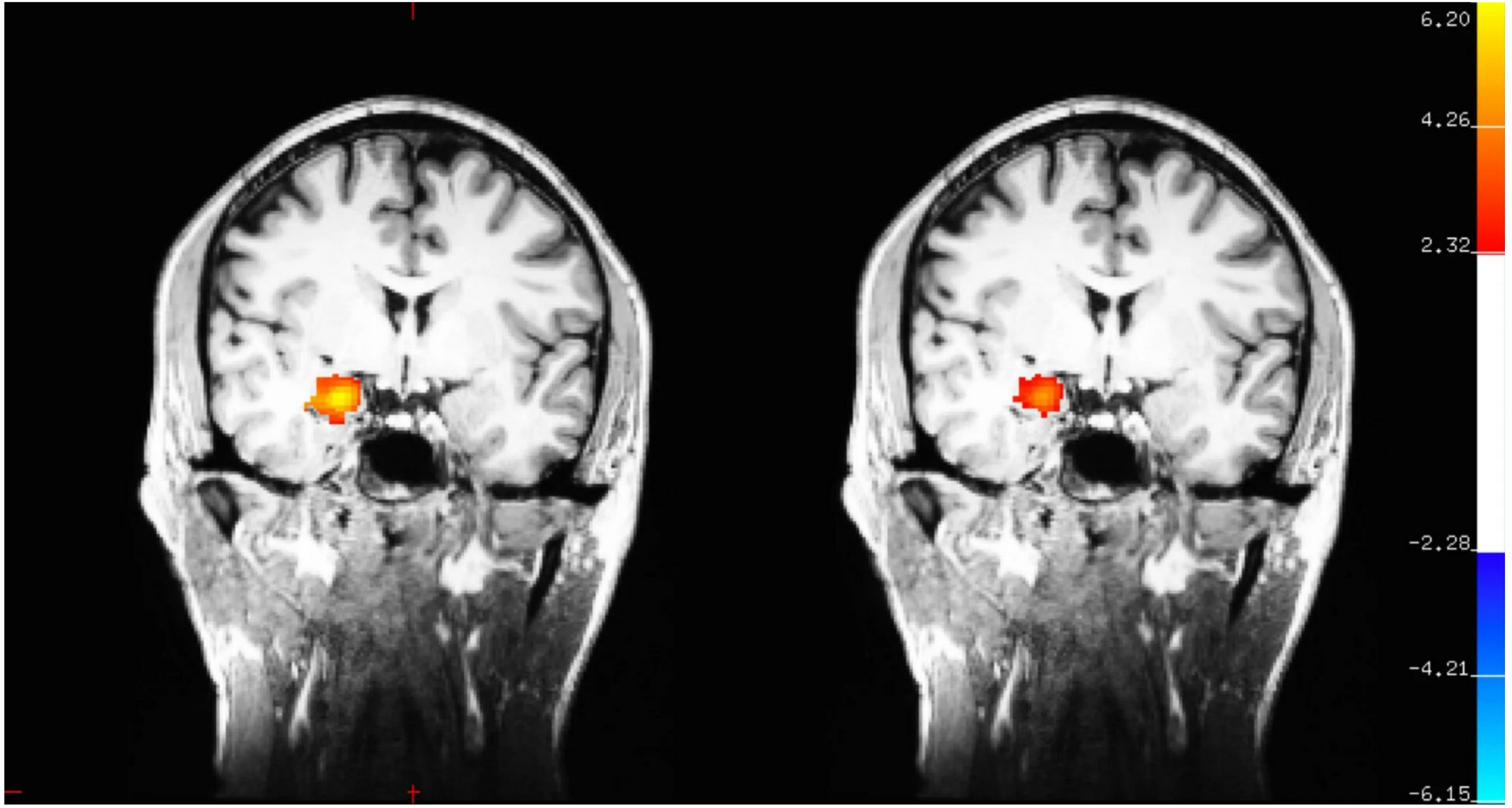
- Key physiology: Dopamine, Adrenaline / Epinephrine / Norepinephrine / Cortisol

- IDEAS: Slow down and evaluate the criticality of a task or a job before you start to do it. Does it need to be done “RIGHT NOW”

The benefits of orienting to "right now" increase a sense of safety

- **Taking part of your day to 'tune in' to the present moment (mindfulness, deep breathing, meditation) is related to decreases in anxiety and depression.**
- **Being oriented about right now reminds us that we are not currently under 'threat'.**
- **Mindfulness can improve cognitive functioning and emotion regulation for people who are experiencing grief and bereavement.**
- ***** Mindfulness and meditation as practices are not "one size fits all", and they can be**

- https://news.harvard.edu/gazette/story/2018/04/harvard-researchers-study-how-mindfulness-may-change-the-brain-in-depressed-patients/
- https://askthescientists.com/brain-meditation/
- https://www.frontiersin.org/articles/10.3389/fnhum.2018.00541/full



Functional MRI (left) showing activation in the amygdala when participants were watching images with emotional content before learning meditation. After eight weeks of training in mindful attention meditation (right) note the amygdala is less activated after the meditation training. Courtesy of Gaelle Desbordes

Control and a Sense of Hope for the Future

For young children

Finding ways that they can actively participate in the home or classroom - having a ‘job’ to do is helpful.

Help them engage in imaginative play where they can think creatively

Help them find and seek out new opportunities that may be available- new friendships, hobbies etc.

For youth and teens

What is something meaningful that they can contribute to?

What is a small step they can take in the very near term that will help get them on the road they want to be on?

What is their idea for something they could do that is FAR in the future- a big dream?

What is something they care about that they can be part of?

Other considerations

Safety and good decision making for teens

Healthy Control

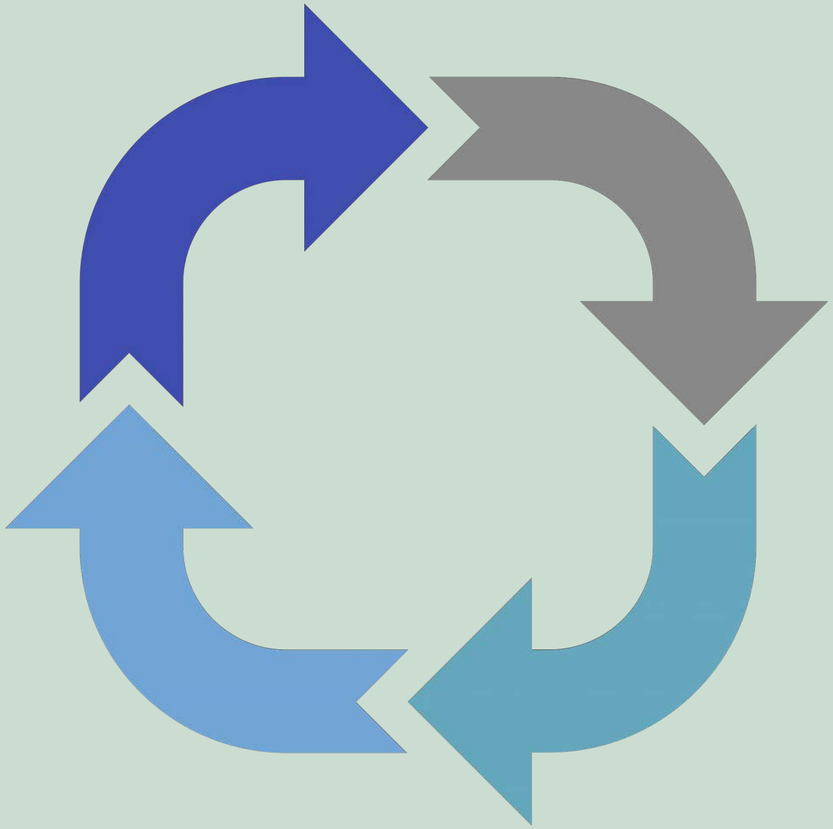
The good brain chemicals

Ways to Help Kids Balance Stress and Performance

- Help students stay in the moment. Helping students learn simple mindfulness, other calming techniques, or engaging in physical activity can train this way of thinking.
- Help students gauge their readiness for a task or conversation.
- Teach students ways to build resilience. Connect with supportive people (even thinking of them can help).
- Be flexible, and focus on goals, purpose, and hope.
- Help students notice the successes along the way – small and large – and what they can or have been able to handle successfully. Ask students to write these down so they can look back at them later when needed. It’s better to have a list on hand than try to remember.

Preparation

Response



Prevention

Recovery

What you do in response is heavily informed by the level of preparation you do, and should be aligned with your goals for recovery

When responding to a critical incident: ACT with intention

Assess

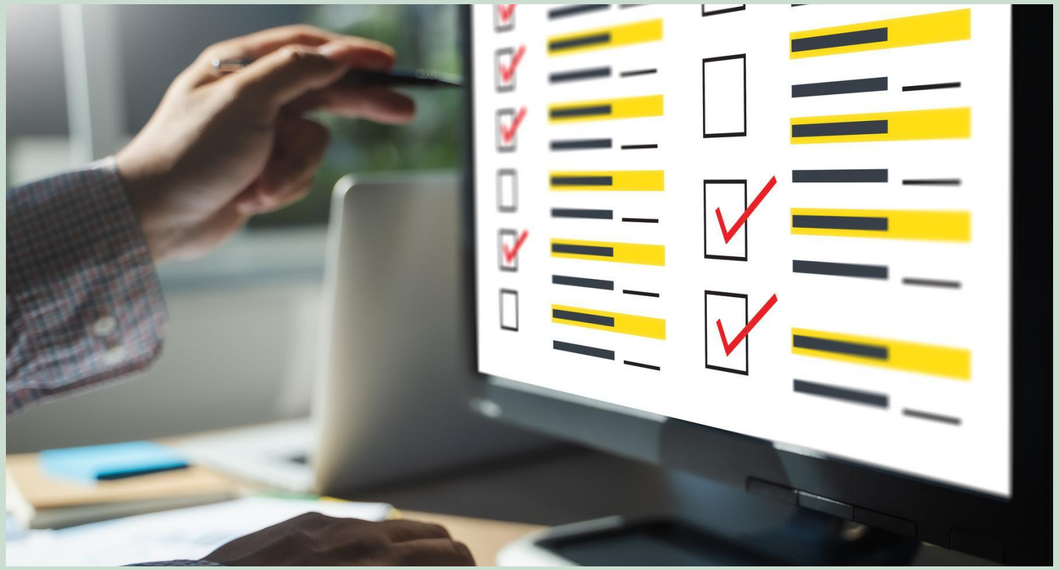
Communicate

Tailor

ASSESS

- Assess scale of impact, priorities, available and needed resources.

- Who, specifically, are the parties in each role. How current is your response plan? Update it regularly (prior to) and immediately (in event of)



To specific groups: Staff, Students, Parents, Community, Media

COMMUNICATE

The comms plan needs to be separate for each group, AND consistant with itself.

Understanding best practices for de-escalation and effective at-work (and at home) communication

Key features of effective response communication include:

WHO is responsible for what communication role (eg. who is coordinating volunteers, who is coordinating professional crisis services). Names, emails and phone numbers.

- **WHAT the resources are that are available for each specific audience or group in need.**
- **WHAT resources are still needed**
- **WHAT the asks are of the community, district or other officials.**
- **WHAT is still unknown or undecided: it is ok to communicate what you don’t yet know.**
- **WHAT is available in the languages needed in your**

WHERE each specific group (caregivers, staff, community) can go to find what is needed for them (online, in person, etc)

<u>WHEN the resources are available or for how long</u>

COMMUNICATION ISSUES

- Remember how the pre-frontal cortex is influenced by stress and trauma.
- No-one can have a logical, problem solving conversation when they are ‘flooded’.
- Take extra time to talk. Come back to things, and take breaks.
- Get space rather than pushing the issue then and there.
- Check in on levels of rest and tiredness.
- Don’t forget about high-context and low-context cultural differences in communication.
- ACTIVE LISTENING (thousands of 5* reviews)

Color	Level of Alertness	Feelings
Blue	Low state of alertness	Bored, tired, sad, disappointed, sick, depressed, shy
Green	Perfect state of alertness	Happy, positive, thankful, proud, calm, content, ready to learn
Yellow	Higher state of alertness	Excited, silly, annoyed, worried, embarrassed, confused, nervous
Red	Too much alertness	Upset, angry, aggressive, mad, too excited, terrified, out of control

TAILOR

Tailor your response with key concepts in mind for behavioral health:

- **Not one size (or one intervention) fits all.**
- **There need to be options for different groups, in different places, over different time frames.**
- **No requirements to participate in debriefing (CISM) or other processing groups. (1,2,3)**
- **Nuance can be hard but is very**

Plan for HOW your actions in the first two weeks post-impact are aligned with the longer term recovery goals.

- acknowledge challenges, length and breadth of recovery
- acknowledge BH triage and support is so essential in early response
- acknowledge culturally informed coping options and supports

Integrating ACT

Examples of Collaboration and Communication

Sandy Hook Elementary School Shooting (2012)

What Worked:

- Inclusion of all state responders and key coluntary organizations
- Additional attention to communication among adult, child, school system and law enforcement services.

Take-aways:

- Better understanding of ethnic and cultural prefrences and norms regarding mental health care and care seeking
- Having staff pre-trained to

(DiLeo et. al., 2018)

Examples of Collaboration and Communication

Marjory Stoneman Douglas High School Shooting (2012)

- Communication must be maintained between first responders and supported stakeholders
- Coordinate messages with media and public

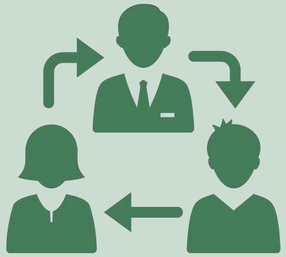
Why?

- Helps maintain situational awareness
- Helps maintain operational coordination
- Provides timely and accurate information to media and public
- Inconsistent communication provides uncertainty and fear in community
- Establishing a clear comms leader is vital for communication and unity within the community

More information here:
https://www.policinginstitute.org/wp-content/uploads/2019/08/Broward_Final_.pdf

Other take-aways

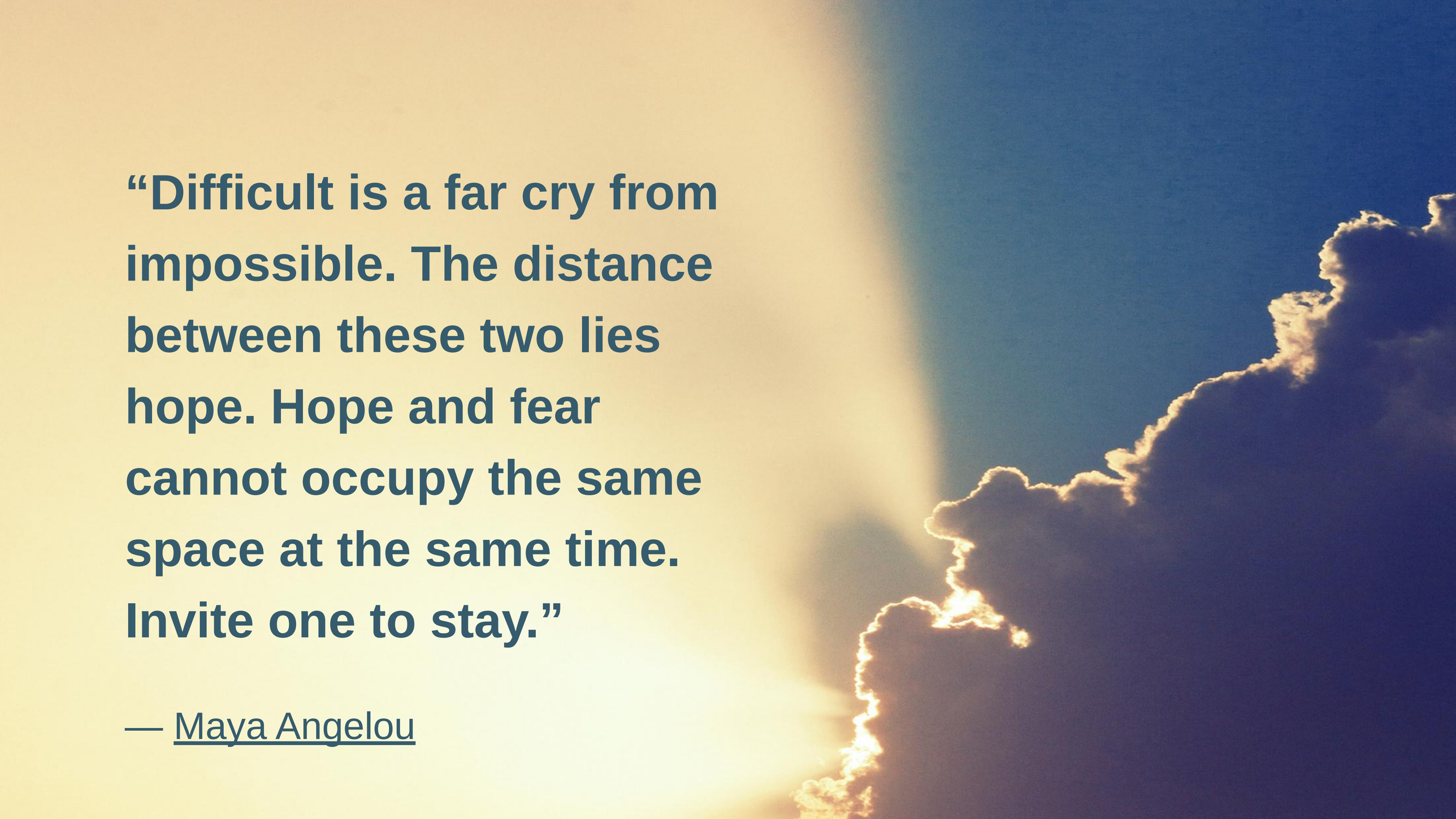
Plan and Prepare based on impact, not probability



Clearly defined roles and back up roles are game changers

Don’t underestimate the power of leadership modeling

Behavioral health is a critical component of response, not an


“Difficult is a far cry from impossible. The distance between these two lies hope. Hope and fear cannot occupy the same space at the same time. Invite one to stay.”
— Maya Angelou

Creating Positive Conditions for Learning

The fundamental purpose of PBIS is to make schools more effective, efficient and equitable learning environments.

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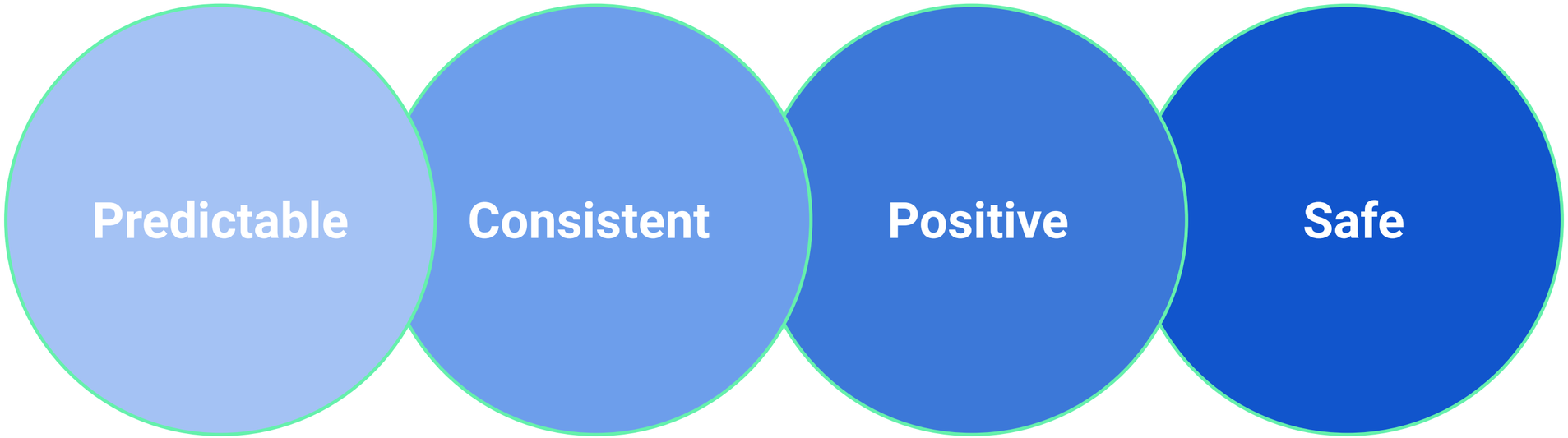


PBIS is…

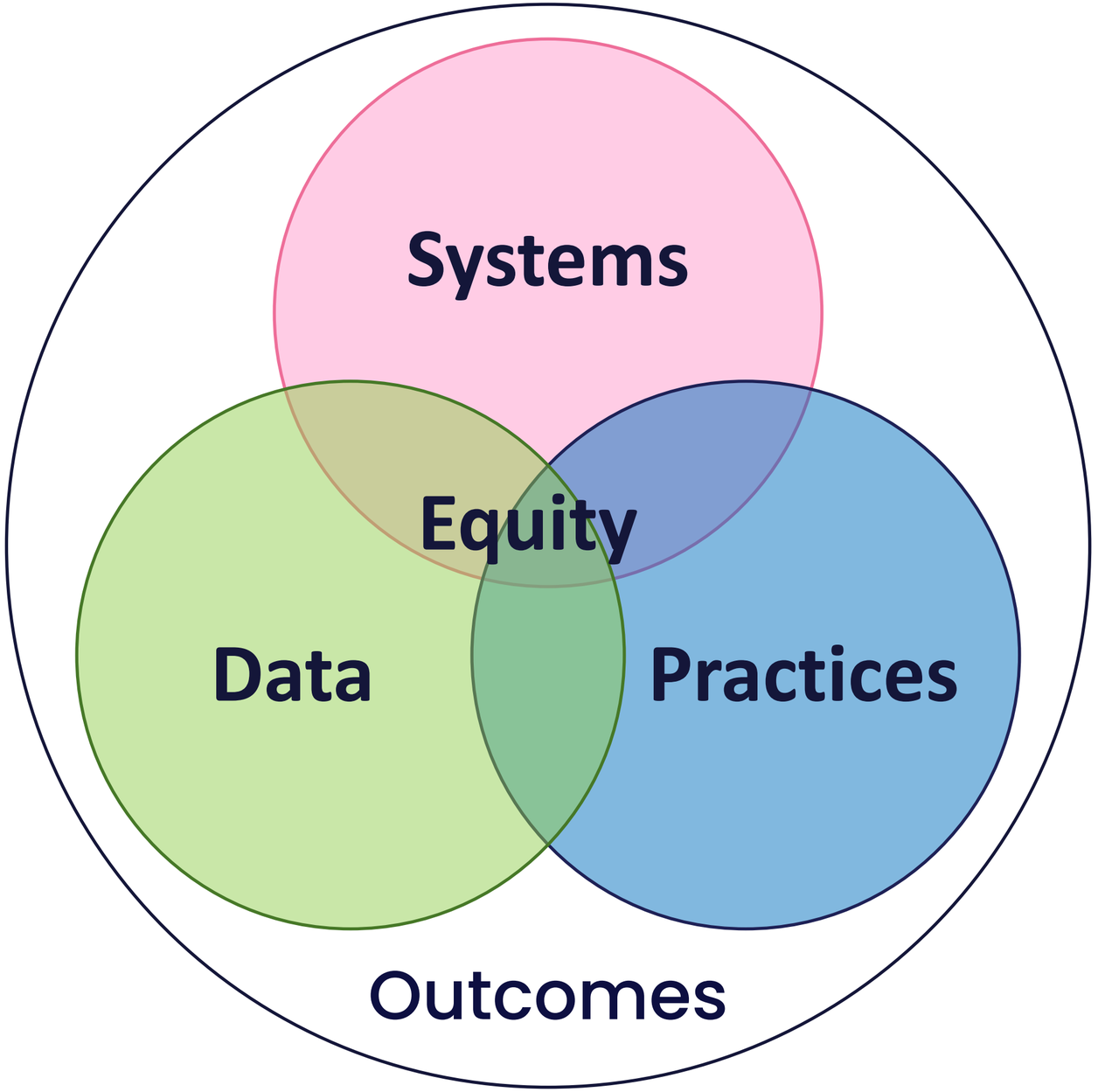
Framework for enhancing adoption & implementation of

Continuum of evidence-based interventions to achieve

Academically & behaviorally important **outcomes** for

All students

Critical Features of PBIS



PBIS Supports Improved Outcomes

Improved Student Outcomes

academic achievement
(Angus & Nelson, 2021; Horner et al., 2009; Lassen et al., 2006; Nelson et al., 2002)

prosocial behavior
(Metzler et al., 2001; Nelson et al., 2002)

attendance
(Flannery et al., 2020; Freeman et al., 2015*)*

emotional regulation
(Bradshaw, Waasdorp, & Leaf, 2012)

reduced bullying behaviors
(Ross & Horner, 2009; Waasdorp, Bradshaw, & Leaf, 2012)

decreased rates of drug/alcohol use
(Bastable et al., 2015; Bradshaw et al., 2012)*

social & academic outcomes for SWDs
(Lewis, 2017; Tobin, Horner, Vincent, & Swain-Bradway, 2012)

Reduced Exclusionary Discipline

office discipline referrals
(Bradshaw, Mitchell, & Leaf, 2010; Bradshaw et al., 2012; Bradshaw et al., 2021
Elrod et al., 2022*; Flannery et al., 2014*; Freeman et al., 2015*; Horner et al., 2005; Horner et al., 2009; Metzler et al., 2001; Nelson et al., 2002; Solomon et al., 2012)*

suspensions
(Bradshaw, Mitchell, & Leaf, 2010; Freeman et al., 2015; *Gage et al., 2018; Gage et al., 2019; Nelson, 1996; Nelson et al., 2002; Solomon et al., 2012)*

restraint and seclusion
(Reynolds et al., 2016; Simonsen, Britton, & Young, 2010)

racial inequities
(Fox et al., 2021; Gion et al., 2022; McIntosh et al., 2018; McIntosh et al., 2021a; McIntosh et al., 2021b; Muldrew & Miller, 2021; Payno-Simmons, 2021; Swain-Bradway et al., 2019)

Improved Teacher Outcomes

teacher efficacy & well-being
(Kelm & McIntosh, 2012; Ross & Horner, 2006; Ross, Romer, & Horner, 2012)

teacher-student relationships
(Condliffe et al., 2022)

student engagement & instructional time
(Algozzine & Algozzine, 2007; Condliffe et al., 2022; Flannery et al., 2020)*

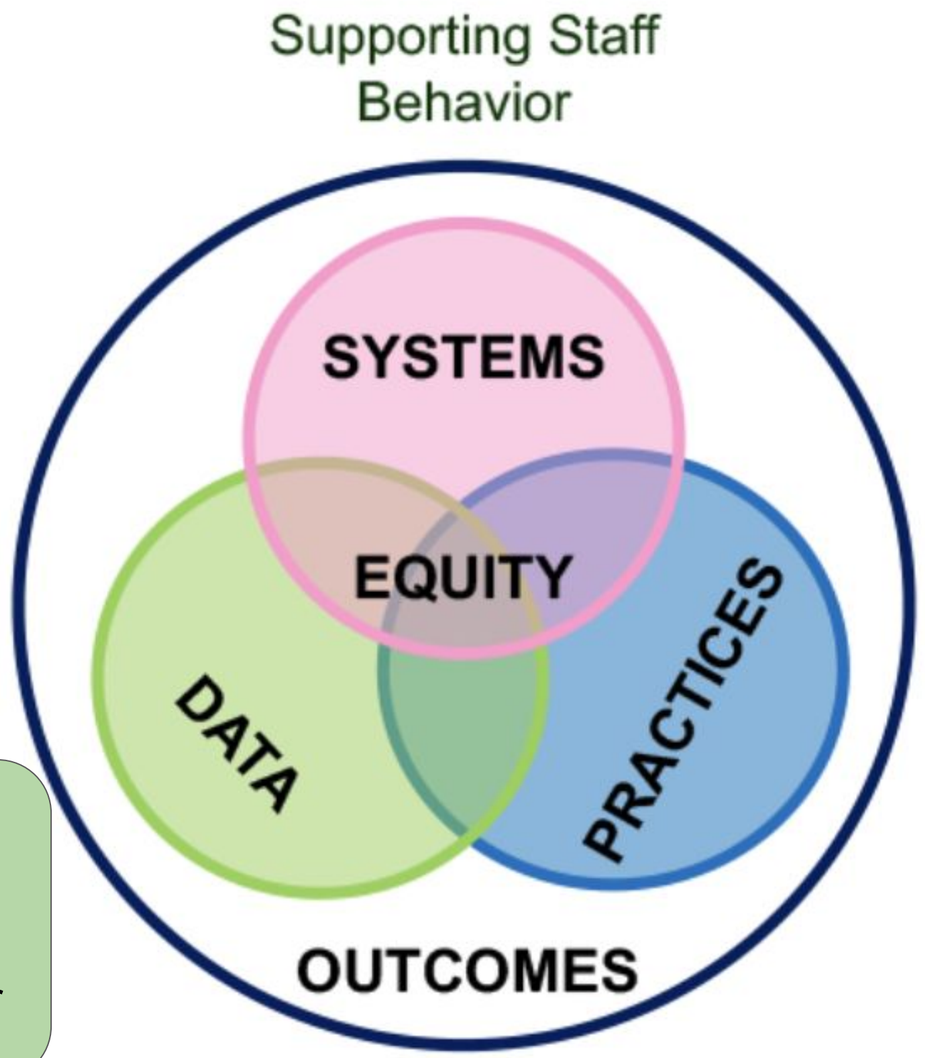
school culture & organizational health
(Bradshaw et al., 2008; Bradshaw et al., 2009; McIntosh et al., 2021; Meng et al., 2016)

climate & safety
(Elrod et al., 2022; Horner et al., 2009; McIntosh et al., 2021)*

When Implementing Positive Behavior Interventions and Supports (PBIS) with Fidelity

**** identifies research conducted in high schools***

MTSS *Framework for Recovery*



- Adequate staffing and resources
- Recovery Coordinator part of district leadership team
- Written recovery plan
- Remember your “typical” capacity is often compromised in recovery- Do less better

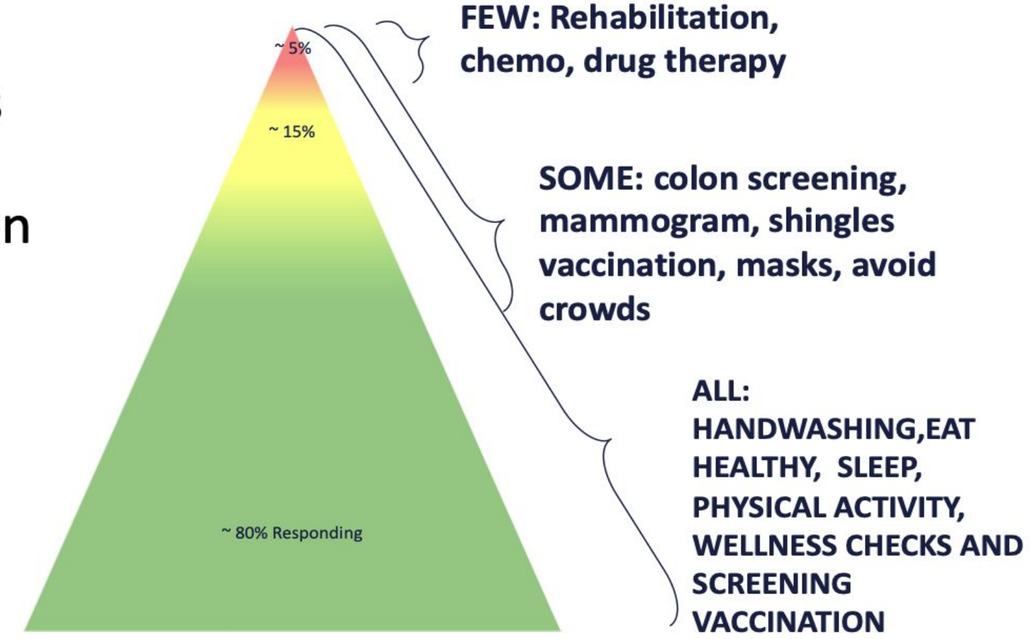
- Triage, Screening,
- Attendance, behavior, course performance (ABC) data
- Fidelity of implementation for any new practices

- Evidence based
- **Aligned to documented need**

How do we apply a public health model to recovery?

Public Health Model

- Prevention
- Focus on Specific Behaviors across population
- Ensure widespread adoption
- Layered and connected
- Ensure vast majority are healthy- data system and modify as needed

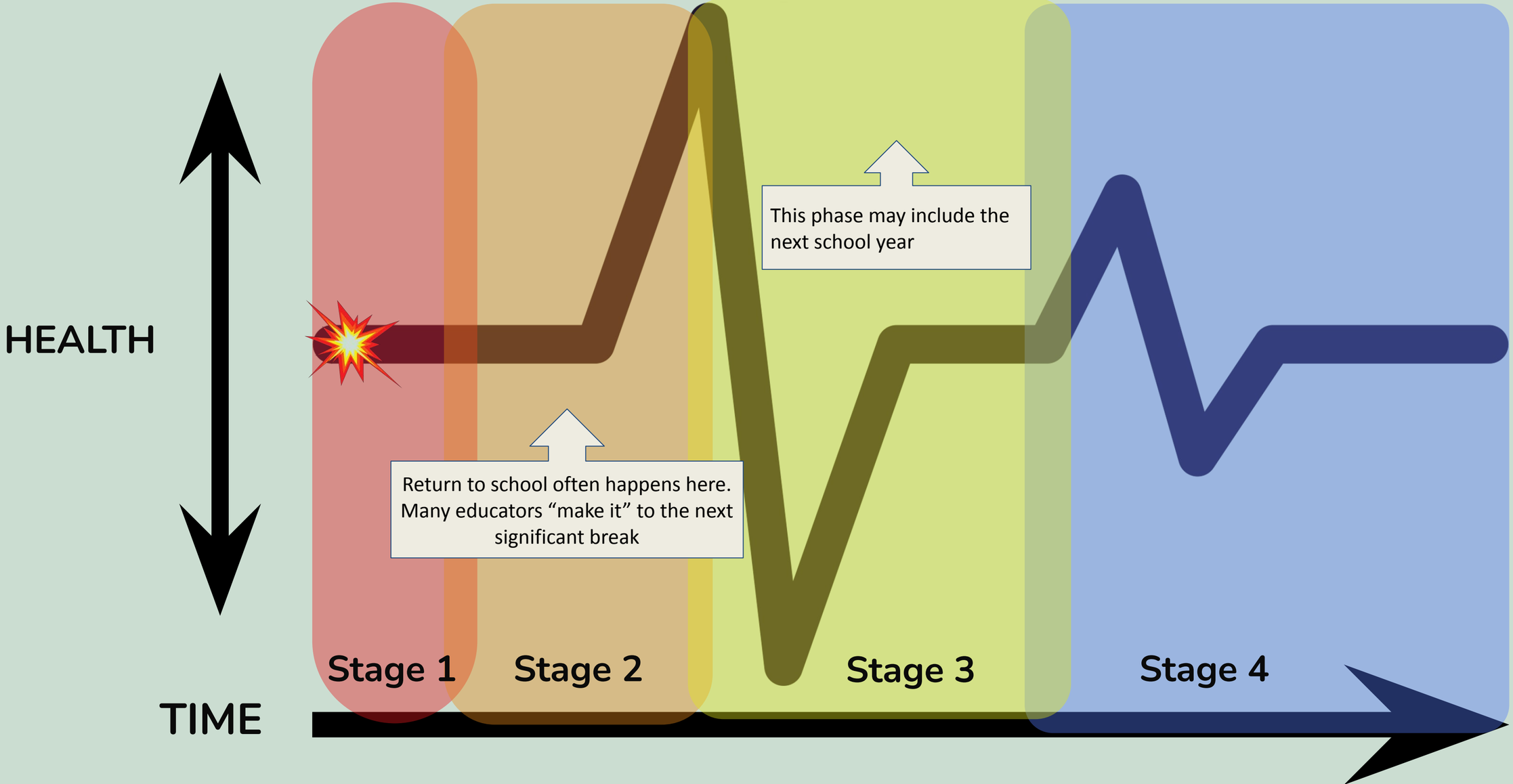


This model adapts based on the needs of the community.

Crisis Response within an MTSS Framework

- Provide support across phases of recovery
- Leverage existing systems across the implementation cascade
- Do what works, and do it well

REACTIONS AND BEHAVIORAL HEALTH SYMPTOMS IN DISASTERS



Immediate Crisis Response

Ensure Safety

Key District Actions During this Phase

- Ensure immediate safety for all
- Implement emergency communication, reunification, and resource distribution plans in coordination with outside agencies (e.g., law enforcement)
- Assess the scope of the incident
- Ensure access to evidence-based **triage and psychological first aid** is available to the most impacted students and staff as soon as possible
- Plan for building repair or relocation
- **Re-open** school as soon as feasibly possible
- Centralize **communication** regarding available resources and anticipated re-opening timelines and procedures
- Manage and direct **donations**
- Provide **time for staff** planning and community support before students return
- Avoid overwhelming staff with significant new learning – focus on building confidence in a few key strategies related to connections, routines, and emotional regulation
- Plan for **increased staff presence** to support connections during re-opening

Timeline: onset of the crisis event and encompasses the time during which schools are closed or significantly disrupted.

Emotional symptoms in the first few weeks following a traumatic event are normal and not indicative of longer-term challenges

Crisis events affect everyone differently. Students or staff who were struggling before the crisis event may need more intensive support in this phase.

Existing district systems for communications, donations, and other logistics are likely to be overwhelmed

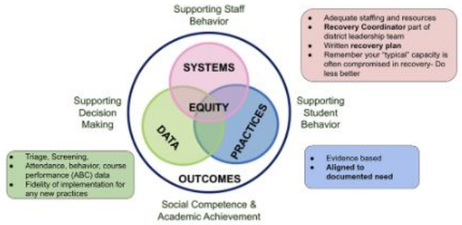
Key messages: getting back to school quickly is important, emotional symptoms are normal now, reinforce existing systems and strengths

Resources

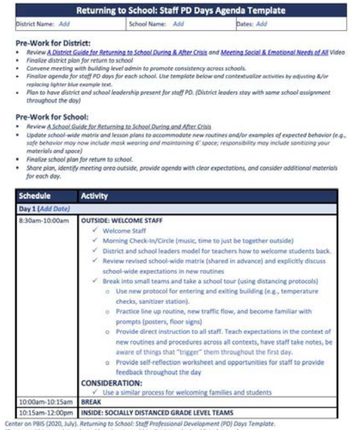
This page highlights resources to support the use of a multi-tiered system of support (MTSS) framework to support students, families, and educators during the transition back to school during and following a crisis (e.g., violent event, a pandemic, natural disaster, social unrest, or other emergency) in a manner that prioritizes their health and safety, social and emotional needs, and behavioral and academic growth.

What is Crisis Recovery?

Recovery from a crisis event is a long-term process and is best guided by a representative leadership team. Our resources are designed to support families, educators, schools, districts, and states throughout the phases of crisis recovery following a significant crisis event that disrupted the learning environment. While everyone's path to recovery is unique, there are community-level trends that we can use to predict levels of need across time and guide recovery planning. We describe each phase and specific action items below.



Applying the Essential Elements to Crisis Recovery



Returning to School: Staff PD Days Agenda Template

District Name: *Add* | School Name: *Add* | Dates: *Add*

Pre-Work for District:

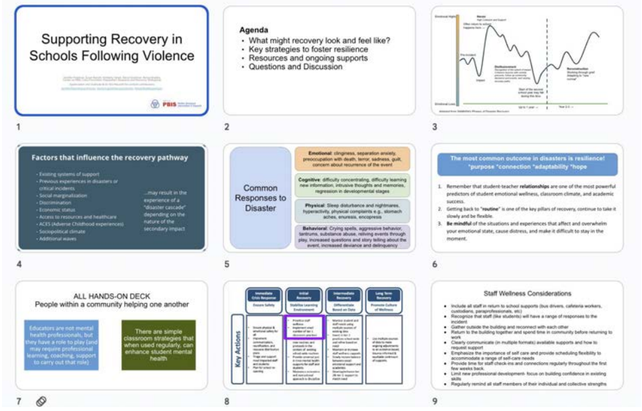
- Review *A District Guide for Returning to School During & After Crisis* and *Meeting Social & Emotional Needs of All* Video
- Finalize district plan for return to school
- Convene meeting with building level admin to promote consistency across schools.
- Finalize agenda for staff PD days for each school. Use template below and contextualize activities by adjusting &/or replacing lighter blue example text.
- Plan to have district and school leadership present for staff PD. (District leaders stay with same school assignment throughout the day)

Pre-Work for School:

- Review *A School Guide for Returning to School During and After Crisis*
- Update school-wide matrix and lesson plans to accommodate new routines and/or examples of expected behavior (e.g., safe behavior may now include mask wearing and maintaining 6' space; responsibility may include sanitizing your materials and space)
- Finalize school plan for return to school.
- Share plan, identify meeting area outside, provide agenda with clear expectations, and consider additional materials for each day.

Schedule	Activity
Day 1 (*Add Date*)	
8:30am-10:00am	**OUTSIDE: WELCOME STAFF** ✓ Welcome Staff ✓ Morning Check-In/Circle (music, time to just be together outside) ✓ District and school leaders model for teachers how to welcome students back. ✓ Review revised school-wide matrix (shared in advance) and explicitly discuss school-wide expectations in new routines ✓ Break into small teams and take a school tour (using distancing protocols) ○ Use new protocol for entering and exiting building (e.g., temperature checks, sanitizer station). ○ Practice line up routine, new traffic flow, and become familiar with prompts (posters, floor signs) ○ Provide direct instruction to all staff. Teach expectations in the context of new routines and procedures across all contexts, have staff take notes, be aware of things that "trigger" them throughout the first day. ○ Provide self-reflection worksheet and opportunities for staff to provide feedback throughout the day **CONSIDERATION:** ✓ Use a similar process for welcoming families and students
10:00am-10:15am	**BREAK**
10:15am-12:00pm	**INSIDE: SOCIALLY DISTANCED GRADE LEVEL TEAMS**

Center on PBIS (2020, July). *Returning to School: Staff Professional Development (PD) Days Template.* (Content within template adapted by educators within district and school listed at top.)



School Emergency Response to Violence (Project SERV)

CFDA NUMBER	84.184S
PROGRAM TYPE	Discretionary/Competitive Grants
ALSO KNOWN AS	Project SERV

Project SERV funds short-term education-related services for local educational agencies (LEAs) and institutions of higher education (IHEs) to help them recover from a violent or traumatic event in which the learning environment has been disrupted.

Project SERV funds for most violent or traumatic events are managed by the Department's Office of Safe and Supportive Schools.

Talking to children about terrorist attacks and school and community shootings in the news

This guide offers advice on how to talk to children about tragic events, such as shootings and terrorist attacks, that they are likely to hear about at school and/or on the news.

THEY WILL ASK WHAT HAPPENED

Children and teenagers are better able to cope with upsetting news when they understand more about the event. They need information just as adults do. Begin by asking what they already understand about what happened. They have likely heard about the event on TV, on the internet or social media, at school, or from their friends.

However, much of their information may not be accurate. As they explain what they know about the event, you can figure out what it is they don't already know or understand. Look for misunderstandings or frightening rumors. Tell the truth and do not try to mislead them "for their own good." Children and youth of different ages understand and react differently according to their developmental age and unique personal experiences. It is important to remember that we cannot assume that children's worries are the same as our own. When we listen to children and come to understand their feelings and worries, we can better help them make sense of these experiences and how they affect us all.

The amount of details that children will find useful will depend upon their age. The older the child is, the more details will likely be needed to answer their questions and address their concerns. Provide the basic information in simple and direct terms and then ask for questions. Take your cues from children in determining how much information to provide. Older children may wish to discuss the larger implications of the event. Provide reassurance whenever possible. Our government, police, and schools are taking steps to protect us from something like this happening again and to keep us safe. Children often look for reassurance that they are now safe after such graphic reminders of danger and hatred.

Terrorist acts and school and community shootings remind us all that we are never completely safe – but now is the best time to reassure children that they can and should feel safe in their school, in their home, and in their community. While it is useful for children to know enough about what has happened to feel that they understand what has occurred and what they should do, it isn't helpful for children (or adults) to be exposed to graphic images or information or to continuous or repetitive media coverage. Such images and details are often included in coverage of the event on television, radio and print media, as well as in social media and elsewhere on the internet. Limit the amount of exposure to media coverage and discussion in social media. In the immediate aftermath of a crisis event, it's a good time to turn off television, computers, and smart phones and come together as a family and community for discussion and support.

COULD I HAVE DONE ANYTHING TO PREVENT THIS?

After a tragic event, we all wonder what we and others could have done to prevent this from happening.

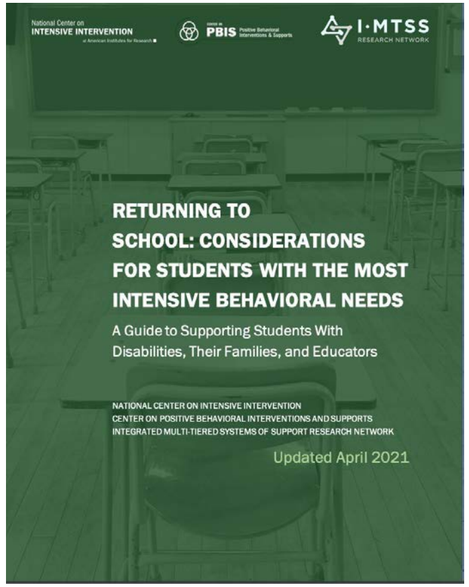
Even when it is obvious that there is nothing children could have done to prevent or minimize the crisis, they may still feel helpless and wish they could have changed what happened. Let children know that this is a common reaction; we all wish that there is something we could have done to prevent this or any tragedy. Instead, suggest that together you can concentrate on what can be done now to help those most directly affected and to promote safety, tolerance and acceptance in our communities.

WHOSE FAULT IS IT?

In some ways, blaming is a way to feel as if you can regain control of uncomfortable feelings and a sense of personal risk.

1-877-53-NCSCB (1-877-536-2722)
www.schoolcrisiscenter.org

Children's Hospital Los Angeles | NATIONAL CENTER FOR SCHOOL CRISIS AND BEREAVEMENT



Initial Recovery

Stabilize Learning Environment

Timeline: begins when schools re-open. May last until next significant school break.

Resources are directed toward social emotional and behavioral supports.

The goal is to stabilize the learning environment and promote a sense of community for healing.

Social cohesion and external support is strong during this phase.

Key District Actions During this Phase

- Focus on staff support and wellness
- Provide as much notice as possible about disruptions to routines
- Implement and support a few key tier 1 strategies related to **connections, routines, and emotional regulation** for all
- Provide **universal "on-demand" support for students and staff** (e.g., push-in support, wellness room)
- Reteach and practice school-wide expectations
- Reteach and practice **academic routines at an independent instructional level**
- **Maintain a restorative and instructional approach to discipline** and resist pressure to intensify exclusionary practices
- Avoid overwhelming staff with significant new learning
- Provide multiple opportunities and avenues for staff and student feedback on new procedures and supports
- Hold listening sessions with impacted students, families, and community leaders to acknowledge and address concerns or needs.
- Develop a **recovery plan** to guide actions throughout phases of recovery

Key messages: Support staying on track with less is more, focus on stability and social emotional recovery. Ripple effects are normal-some may need support. Academic focus is on routines not rigor. Begin to prepare district leadership for stage 3

Resources

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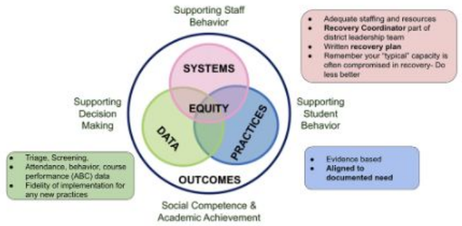
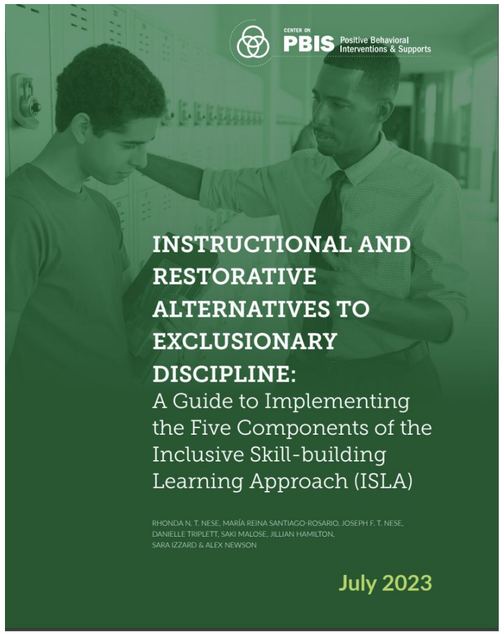


Applying the Essential Elements to Crisis Recovery



Recovery Plan Template

This template can be used to guide the development of a recovery plan following a school violence incident or an incident of community violence that substantially impacts a school. The timeframe for recovery will vary but districts should develop a plan that encompasses at least 12-24 months. Each of the key areas noted should be addressed and may be more significant based on the intensity of the incident. This plan should be outlined soon after re-opening to guide recovery efforts.

Steps for Developing and Implementing a Recovery Plan

Step 1: Identify Recovery Leadership Team

This team may be an existing leadership team that is specifically tasked with guiding and monitoring recovery efforts or a new team that includes needed expertise and skills. Recovery team members should include a school administrator and dependent on the intensity of the incident may also include district-level participation, and should include as appropriate based on the incident, expertise in mental health, behavior, and wellness of students and staff, trauma-informed practices, differentiating instruction and supports, data systems, analysis and use, human resources, professional development, community service providers.

Step 2: Review existing data to determine:

- Who was most impacted? Make a plan to closely support individuals directly impacted. (e.g, witnessed event, knew victim, close proximity to event)
- How widespread was the impact?
- What existing data (e.g., student and staff attendance) can be easily used to monitor initial recovery
- Verify adequate data systems exist to monitor long-term recovery efforts.

Step 3: Identify a vision and specific goals for recovery.

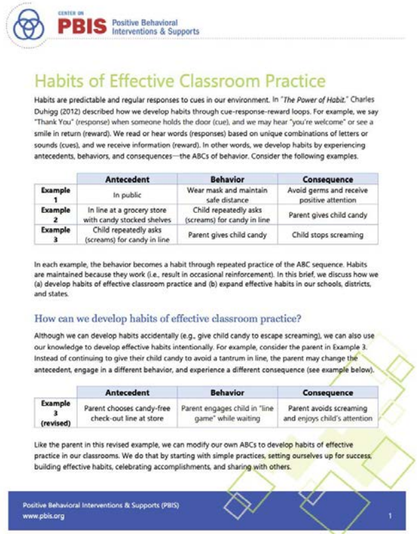
- What does recovery look like for this school community? Consider school community strengths and specific needs. This vision will be used to help prioritize key actions below. Three to five goals should be developed aligned with the vision and focused on key recovery priorities. The plan should be written in a way that both guides school/district recovery and can be shared with the community.

Step 4: Identify key action steps for each phase of recovery in each relevant content area.

- What are key activities for recovery? Who will be responsible? How will activities be funded and supported?

Step 5: Implement the plan and use self-checks between phases to guide plan adjustments.

- How will recovery progress be measured? How will decisions about needs be made? How will stakeholder opinion be assessed (teachers, students, families, community). How will decisions to withdraw support or increase learning expectations be made?



CENTER ON PBIS Positive Behavioral Interventions & Supports

Habits of Effective Classroom Practice

Habits are predictable and regular responses to cues in our environment. In "*The Power of Habit*," Charles Duhigg (2012) described how we develop habits through cue-response-reward loops. For example, we say "Thank You" (response) when someone holds the door (cue), and we may hear "you're welcome" or see a smile in return (reward). We read or hear words (responses) based on unique combinations of letters or sounds (cues), and we receive information (reward). In other words, we develop habits by experiencing antecedents, behaviors, and consequences—the ABCs of behavior. Consider the following examples.

	Antecedent	Behavior	Consequence
Example 1	In public	Wear mask and maintain safe distance	Avoid germs and receive positive attention
Example 2	In line at a grocery store with candy stocked shelves	Child repeatedly asks (screams) for candy in line	Parent gives child candy
Example 3	Child repeatedly asks (screams) for candy in line	Parent gives child candy	Child stops screaming

In each example, the behavior becomes a habit through repeated practice of the ABC sequence. Habits are maintained because they work (i.e., result in occasional reinforcement). In this brief, we discuss how we (a) develop habits of effective classroom practice and (b) expand effective habits in our schools, districts, and states.

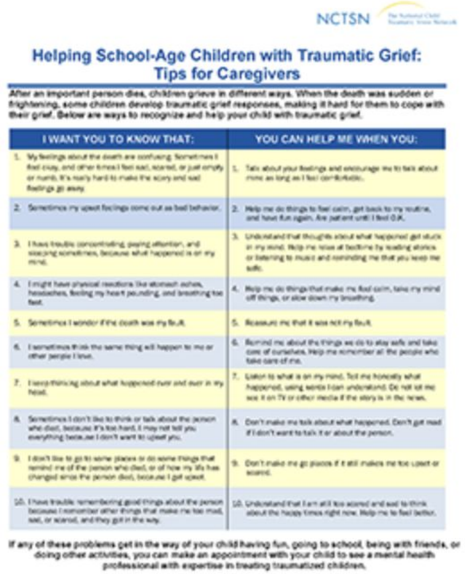
How can we develop habits of effective classroom practice?

Although we can develop habits accidentally (e.g., give child candy to escape screaming), we can also use our knowledge to develop effective habits intentionally. For example, consider the parent in Example 3. Instead of continuing to give their child candy to avoid a tantrum in line, the parent may change the antecedent, engage in a different behavior, and experience a different consequence (see example below).

	Antecedent	Behavior	Consequence
Example 3 (revised)	Parent chooses candy-free check-out line at store	Parent engages child in "line game" while waiting	Parent avoids screaming and enjoys child's attention

Like the parent in this revised example, we can modify our own ABCs to develop habits of effective practice in our classrooms. We do that by starting with simple practices, setting ourselves up for success, building effective habits, celebrating accomplishments, and sharing with others.

Positive Behavioral Interventions & Supports (PBIS)
www.pbis.org
1



NCTSN

Helping School-Age Children with Traumatic Grief: Tips for Caregivers

After an important person dies, children grieve in different ways. When the death was sudden or frightening, some children develop traumatic grief responses, making it hard for them to cope with their grief. Below are ways to recognize and help your child with traumatic grief.

I WANT YOU TO KNOW THAT:	YOU CAN HELP ME WHEN YOU:
1. My feelings about the death are confusing. Sometimes I feel crazy, and other times I feel sad, scared, or just empty or numb. It's really hard to make the scary and sad feelings go away.	1. Talk about your feelings and encourage me to talk about mine as long as I feel comfortable.
2. Sometimes my upset feelings come out as bad behavior.	2. Help me do things to feel calm, get back to my routine, and have fun again. Be patient until I feel O.K.
3. I have trouble concentrating, paying attention, and sleeping sometimes, because what happened is on my mind.	3. Understand that thoughts about what happened get stuck in my mind. Help me relax at bedtime by reading stories or listening to music and reminding me that you keep me safe.
4. I might have physical reactions like stomach aches, headaches, feeling my heart pounding, and breathing too fast.	4. Help me do things that make me feel calm, take my mind off things, or slow down my breathing.
5. Sometimes I wonder if the death was my fault.	5. Reassure me that it was not my fault.
6. I sometimes think the same thing will happen to me or other people I love.	6. Remind me about the things we do to stay safe and take care of ourselves. Help me remember all the people who take care of me.
7. I keep thinking about what happened over and over in my head.	7. Listen to what is on my mind. Tell me honestly what happened, using words I can understand. Do not let me see it on TV or other media if the story is in the news.
8. Sometimes I don't like to think or talk about the person who died, because it's too hard. I may not tell you everything twice,so I don't want to upset you.	8. Don't make me talk about what happened. Don't get mad if I don't want to talk it or about the person.
9. I don't like to go to some places or do some things that remind me of the person who died, or of how my life has changed since the person died, because I get upset.	9. Don't make me go places if it still makes me too upset or scared.
10. I have trouble remembering good things about the person because I remember other things that make me feel mad, sad, or scared, and they get in the way.	10. Understand that I am still too scared and sad to think about the happy times right now. Help me to feel better.

If any of these problems get in the way of your child having fun, going to school, being with friends, or doing other activities, you can make an appointment with your child to see a mental health professional with expertise in treating traumatized children.

Intermediate Recovery

Differentiate Based on Data

Challenging phase during which much of the immediate sense of social cohesion and outside support may fade and disillusionment may set in. This may feel like the most challenging phase since everyone moves through the recovery process at different rates. It can be difficult in a community when some members are "ready to move on" while others are still really struggling.

Key District Actions During this Phase

- Maintain focus on tier 1 core practices
- Use multiple sources of data to **adjust universal supports** as needed.
- Use existing procedures (e.g., evidence-based, aligned with documented need, capacity for implementation) for selecting and adopting any new practices
- **Slowly restore the balance between social-emotional behavioral support and academics**
- Begin to **differentiate** social-emotional behavioral supports based on multiple sources of data
- Continue to engage in meaningful participation of students, families and staff through listening sessions, surveys, etc. to sustain systems and practices centered in their agency, voice and expression.
- **Maintain or increase support for staff** as disillusionment and fatigue may increase (e.g., scheduling flexibility, long-term sub availability)
- Prepare to increase staff and student support needs as **memorial events**, similar incidents in other places, or other reminders of the incident occur
- Plan for and enhance capacity to accommodate an **increase in referrals to special education and/ or threat assessment** as well as monitoring and support for students with identified disabilities.

Key messages: Normalizing year 2 may feel harder, support return to academic rigor within SEB supports and use of data for differentiation. Plan for increase SPED and BTA referrals

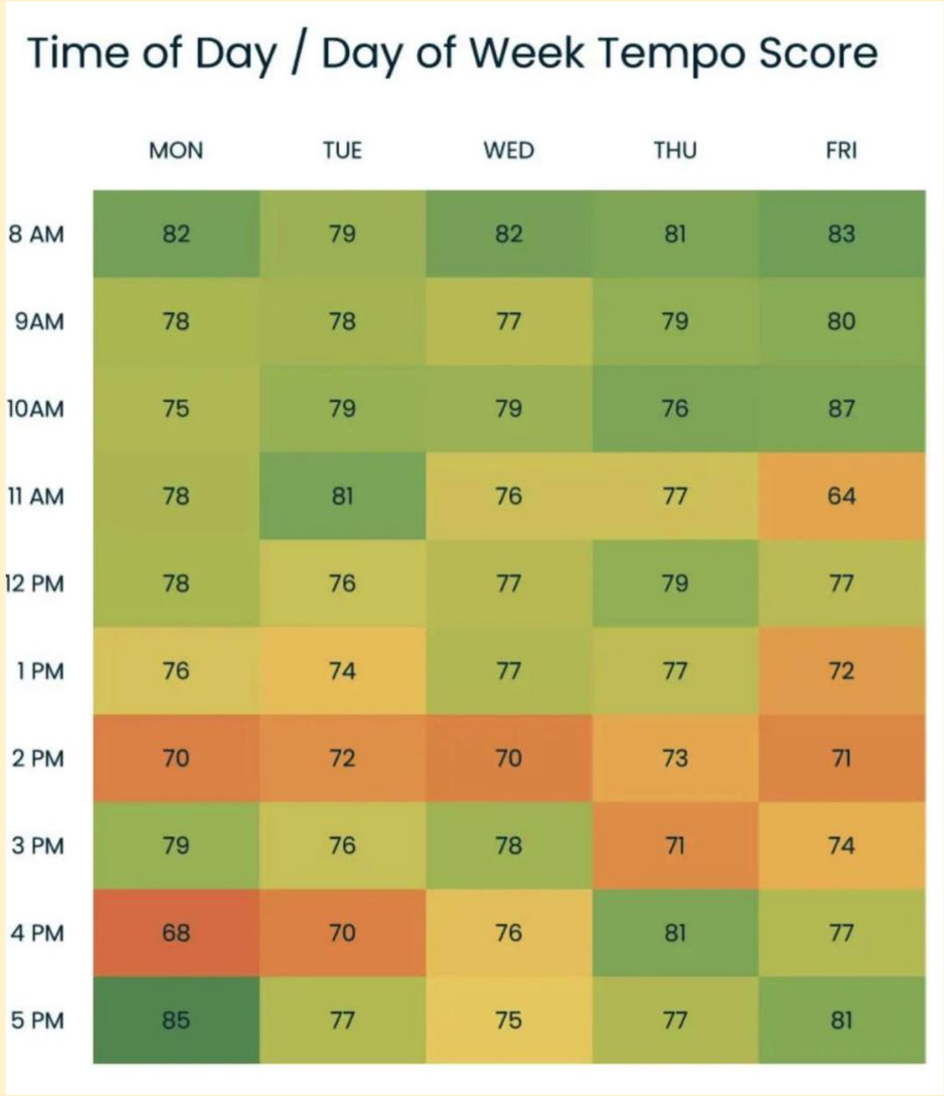
Use Data to Differentiate Supports

Some days/times

- only a few students will need added support
- many students will need added support
- all students will need added support
- adults will need added support

Use multiple sources of data and observations to look for patterns. If you can predict that a day/time will be hard consider how you can **prevent** the problem from occurring, **teach** or remind students of skills, and **respond** most effectively

Be aware of and plan to increase support for dates or events that may reactive trauma responses for many students or staff



Supporting Student Behavior after Trauma

Student engages in contextually inappropriate behavior

Does the behavior present an immediate safety concern?

→ Ensure safety and Implement de-escalation strategies

Does the behavior significantly disrupt instruction?

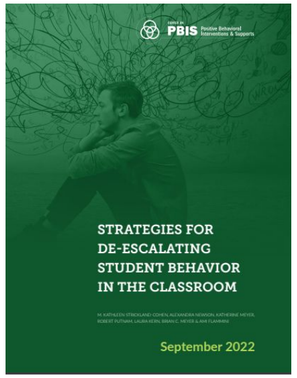
→ Are many or most students engaged in this behavior?

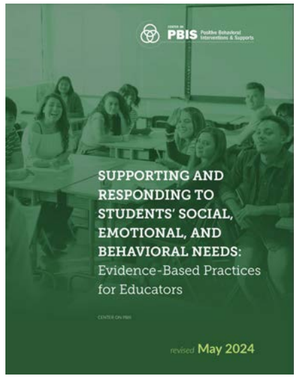
Yes → Intensify class wide proactive strategies Use prevent, teach, reinforce framework to adjust implementation

No → Intensify individual or small group strategies Use prevent, teach, reinforce framework to adjust implementation

Does the behavior allow instruction to continue?

→ Use redirection and specific error correction strategies





By staying curious and looking for patterns, we can intervene more effectively.

What typically happens before?	What does the behavior typically look like?	What Typically Happens after?
How can we ***prevent***?	What should we ***teach*** the student to do instead?	How do we ***respond*** to make sure the new skill "works"?

We can make small tweaks to the environment, to prevent, teach, and respond, respectively.

What might change during recovery?

Student Behavior

Students may display increases in “contextually inappropriate” behaviors or decreases in academic engagement as they process emotions

Consider how many students are impacted then intensify class wide, small group, or individual supports by:

- Maintain and reinforce predictable classroom routines at an independent instructional level
- Directly teach and proactively use emotional regulation strategies

Directly teach options for students to ask for support or breaks in appropriate ways

Educator Wellbeing

Traumatic events make it more challenging for educators to sustain emotional regulation when challenged by student behaviors

Consider how many educators are impacted then intensify school wide, small group, or individual supports by:

- Maintain predictable schedules and reduce educator responsibilities where possible (e.g., administrative tasks, duty schedules)
- Teach and support educator use of emotional regulation strategies (e.g., press pause)
- Provide options for educators to take a break as needed

What might change during recovery?

Community Pressures

Community members may feel a sense of heightened anxiety or fear that the incident may happen again. In this context schools may be under increased pressure to respond punitively to student behaviors

Consider proactively supporting student recovery by:

- Directly teaching and reviewing school-wide and classroom norms or expectations. Expand examples to include building awareness of the impact of your actions on others and collective responsibility for an emotional and physical safe environment.

Resist pressure to be punitive and maintain instructional approach to contextually inappropriate behaviors using the steps described above

Reminder Events

Expect students and staff to have a wide range of responses to reminder events

- Prior to known reminders of the event increase student and educator supports and provide reminders of emotional regulation skills while maintaining routines and predictability
- When reminders are unexpected, acknowledge the impact and increase supports

What about Academics?

Immediate Crisis Response	Initial Recovery	Intermediate Recovery	Long Term Recovery
Ensure Safety	**Stabilize Learning Environment**	**Differentiate Based on Data**	**Promote Culture of Wellness**
Physical and emotional safety are the priority here	Reintroduce academic routines and procedures at an independent instructional level	Slowly increase academic content and challenge level Monitor student response and either increase emotional supports or decrease academic rigor or rate as needed to maintain recovery progress	Use multiple types of data to identify groups of students needing more support Provide a full continuum of integrated academic and emotional supports to address full range of student needs

Long Term Recovery

Promote Culture of Wellness

Key District Actions During this Phase

Develop an enhanced full continuum of supports that meet the ongoing needs of staff and students and use data to monitor progress and match supports to existing and emerging needs.

- Enhance MTSS systems and practices to meet long-term staff and student needs through ongoing community partnerships
- Focus on capacity building and retention of staff
- Continue to anticipate and adjust support to meet an increased level of staff and student needs as memorial events, similar incidents in other places, or other reminders of the incident occur

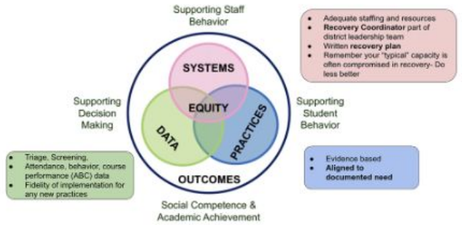
Key messages: Outside money and offers of support may side track district vision. A recovery plan can support saying “no”. MTSS framework is critical here- some will need ongoing intensive support but many will be successful with robust tier 1-2

Resources

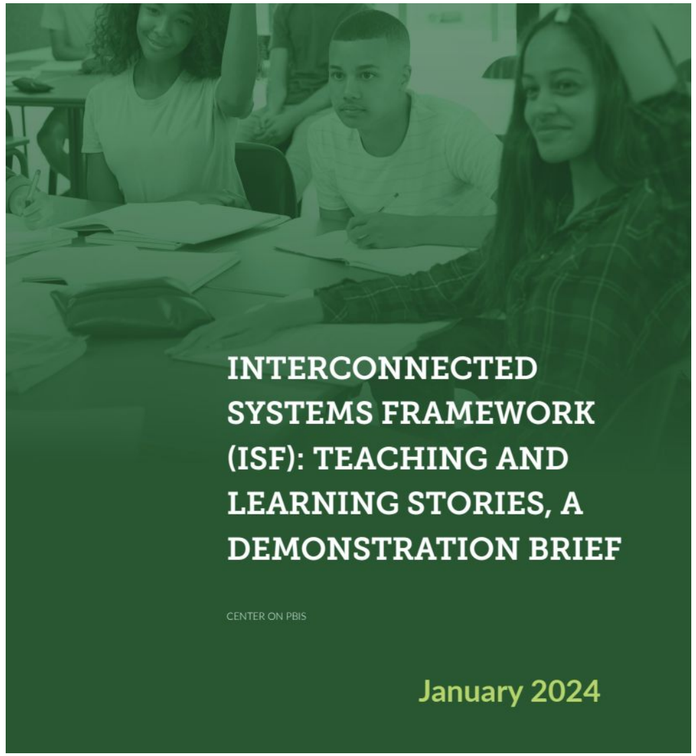
This page highlights resources to support the use of a multi-tiered system of support (MTSS) framework to support students, families, and educators during the transition back to school during and following a crisis (e.g., violent event, a pandemic, natural disaster, social unrest, or other emergency) in a manner that prioritizes their health and safety, social and emotional needs, and behavioral and academic growth.

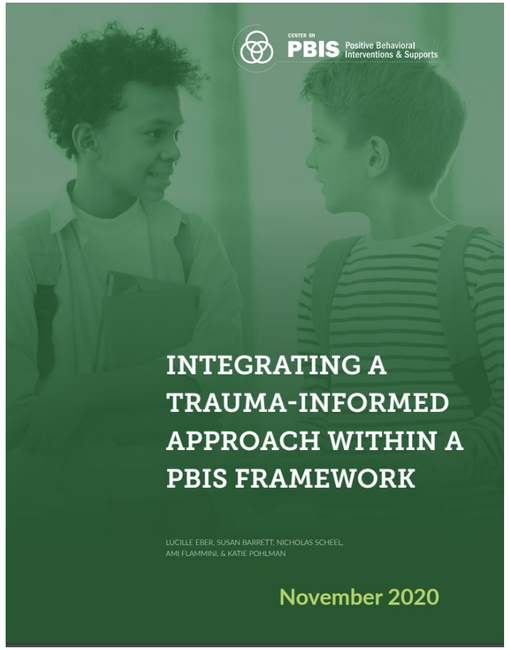
What is Crisis Recovery?

Recovery from a crisis event is a long-term process and is best guided by a representative leadership team. Our resources are designed to support families, educators, schools, districts, and states throughout the phases of crisis recovery following a significant crisis event that disrupted the learning environment. While everyone's path to recovery is unique, there are community-level trends that we can use to predict levels of need across time and guide recovery planning. We describe each phase and specific action items below.



Applying the Essential Elements to Crisis Recovery



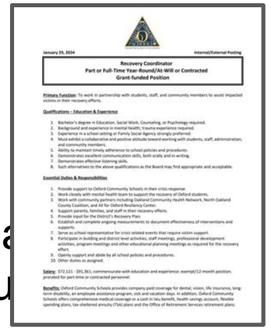


Crisis Response within an MTSS Framework

- Provide support across phases of recovery
- Leverage existing systems across the implementation cascade
- Do what works, and do it well

Systems for Recovery

Recovery Coordinator



January 29, 2024 Internal/External Posting

Recovery Coordinator
Part or Full-Time Year-Round/At-Will or Contracted
Grant-funded Position

Primary Function: To work in partnership with students, staff, and community members to assist impacted victims in their recovery efforts.

Qualifications – Education & Experience

1. Bachelor's degree in Education, Social Work, Counseling, or Psychology required.
2. Background and experience in mental health; trauma experience required.
3. Experience in a school setting or Family Social Agency strongly preferred.
4. Must exhibit a collaborative and positive attitude toward working with students, staff, administration, and community members.
5. Ability to maintain timely adherence to school policies and procedures.
6. Demonstrates excellent communication skills, both orally and in writing.
7. Demonstrates effective listening skills.
8. Such alternatives to the above qualifications as the Board may find appropriate and acceptable.

Essential Duties & Responsibilities

1. Provide support to Oxford Community Schools in their crisis response.
2. Work closely with mental health team to support the recovery of Oxford students.
3. Work with community partners including Oakland Community Health Network, North Oakland County Coalition, and Alt for Oxford Recovery Center.
4. Support parents, families, and staff in their recovery efforts.
5. Provide input for the District's Recovery Plan.
6. Establish and complete ongoing measurements to document effectiveness of interventions and supports.
7. Serve as school representative for crisis related events that require victim support.
8. Participate in building and district level activities, staff meetings, professional development activities, program meetings and other educational planning meetings as required for the recovery effort.
9. Identify support and aside by all school policies and procedures.
10. Other duties as assigned.

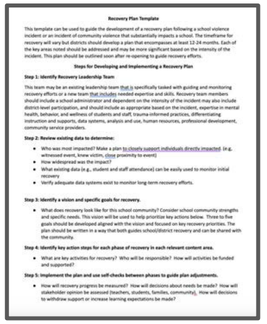
Salary: $72,121 - $91,361, commensurate with education and experience; exempt/12-month position; prorated for part-time or contracted personnel.

Benefits: Oxford Community Schools provides company-paid coverage for dental, vision, life insurance, long-term disability, an employee assistance program, sick and vacation days. In addition, Oxford Community Schools offers comprehensive medical coverage or a cash in lieu benefit, health savings account, flexible spending plans, tax-sheltered annuity (TSA) plans and the Office of Retirement Services retirement plans.

Primary Function: To work in partnership with students, staff, and community members to coordina the district's response to crisis recovery. Probably fu time but assess adequate FTE.

- Coordinate crisis response
- Work closely with community mental health organizations to coordinate supports
- Coordinate ongoing education for students, staff, community
- Provide outreach to parents/families about available resources
- Implement recovery plan and participate in long term strategic planning
- Evaluate recovery implementation and outcomes
- Coordinate and plan observance of remembrance events

Recovery Plan



Recovery Plan Template

This template can be used to guide the development of a recovery plan following a school violence incident or an incident of community violence that substantially impacts a school. The timeframe for recovery will vary but districts should develop a plan that encompasses at least 12-24 months. Each of the key areas noted should be addressed and may be more significant based on the intensity of the incident. This plan should be outlined soon after re-opening to guide recovery efforts.

Steps for Developing and Implementing a Recovery Plan

Step 1: Identify Recovery Leadership Team

This team may be an existing leadership team that is specifically tasked with guiding and monitoring recovery efforts or a new team that includes needed expertise and skills. Recovery team members should include a school administrator and dependent on the intensity of the incident may also include district-level participation, and should include as appropriate based on the incident, expertise in mental health, behavior, and wellness of students and staff, trauma-informed practices, differentiating instruction and supports, data systems, analysis and use, human resources, professional development, community service providers.

Step 2: Review existing data to determine:

- Who was most impacted? Make a plan to closely support individuals directly impacted. (e.g. witnessed event, knew victim, close proximity to event)
- How widespread was the impact?
- What existing data (e.g., student and staff attendance) can be easily used to monitor initial recovery
- Verify adequate data systems exist to monitor long-term recovery efforts.

Step 3: Identify a vision and specific goals for recovery.

- What does recovery look like for this school community? Consider school community strengths and specific needs. This vision will be used to help prioritize key actions below. Three to five goals should be developed aligned with the vision and focused on key recovery priorities. The plan should be written in a way that both guides school/district recovery and can be shared with the community.

Step 4: Identify key action steps for each phase of recovery in each relevant content area.

- What are key activities for recovery? Who will be responsible? How will activities be funded and supported?

Step 5: Implement the plan and use self-checks between phases to guide plan adjustments.

- How will recovery progress be measured? How will decisions about needs be made? How will stakeholder opinion be assessed (teachers, students, families, community). How will decisions to withdraw support or increase learning expectations be made?

Step 1: Identify Recovery Leadership Team

Step 2: Review existing data to determine:

- Who was most impacted? Make a plan to closely support individuals directly impacted. (e.g, witnessed event, knew victim, close proximity to event)
- How widespread was the impact?
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- Verify adequate data systems exist to monitor long-term recovery efforts.

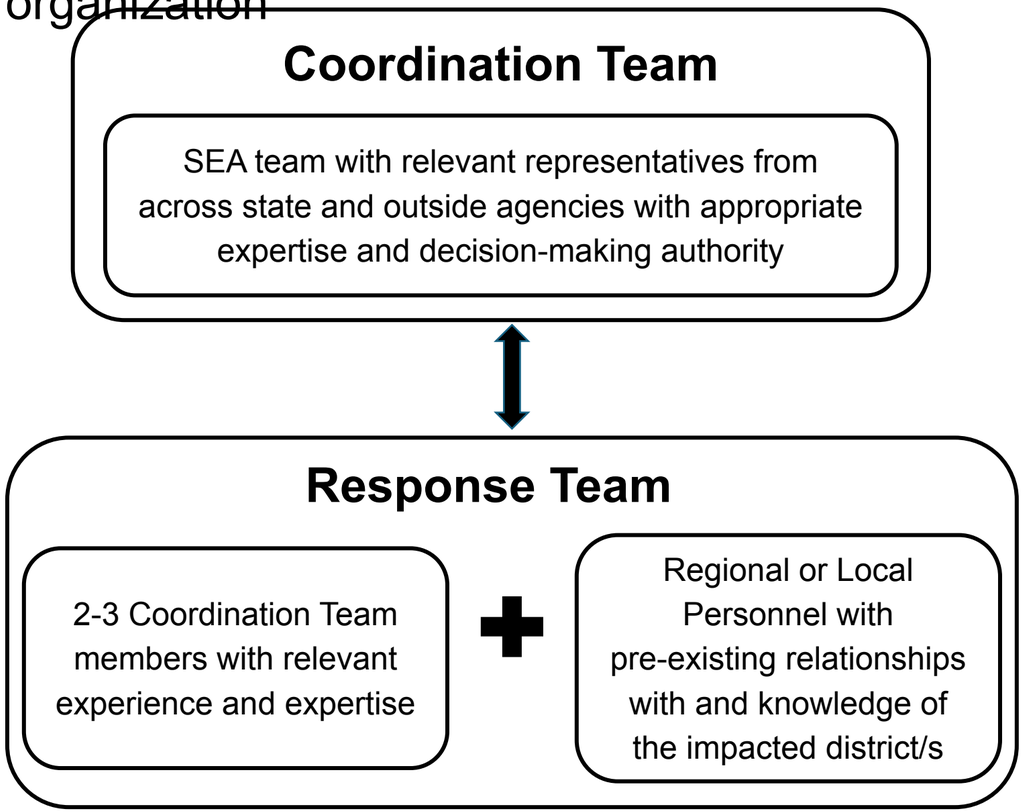
Step 3: Identify a (strengths based) vision and specific goals for recovery.

Step 4: Identify key action steps for each phase of recovery in each relevant content area.

Step 5: Implement the plan and use self-checks between phases to guide plan adjustments.

Organizing and Scaling our Response Efforts

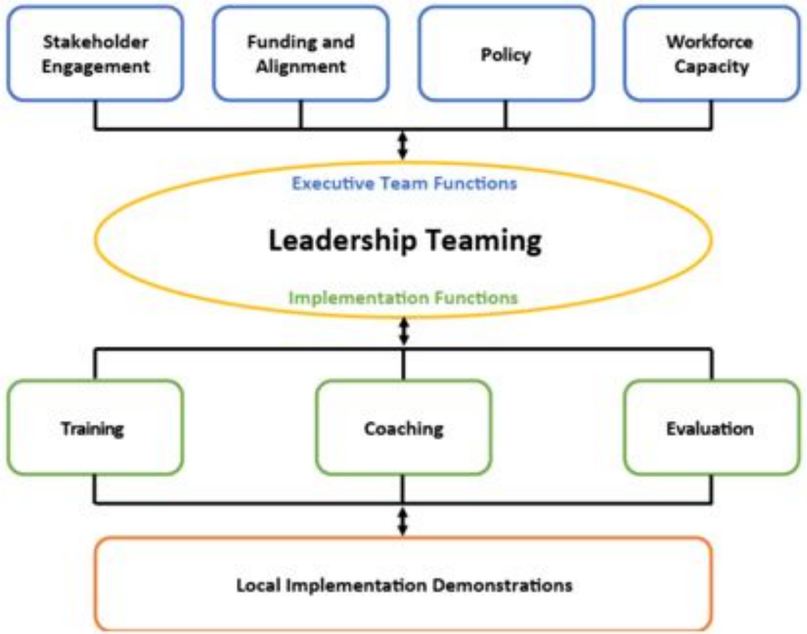
Recommended SEA and/or regional organization



- What teams already exist that could be expanded to include prevention, preparation, and recovery supports?
- Integrated with statewide MTSS/PBIS efforts
- Formally integrated with school safety and community based MH efforts

Key Resources

- SEA teaming document
- District Recovery Template



Key Messages

- Implementation of anything is a bit messier than “normal”
- Provide support where system remains intact
- Provide protection/communication supports to districts where systems are either unprepared or unhelpful

Crisis Response within an MTSS Framework

- Provide support across phases of recovery
- Leverage existing systems across the implementation cascade
- Do what works, and do it well

Build Connections

- **Increase visibility, access to, and engagement** with adults throughout the building and school day.
- Use students' names
- **Be genuine**, enthusiastic, and welcoming in your tone and body language.
- Offer a positive and affirming message.
- **Ensure consistency** by practicing greetings at the door regularly.
- Embrace inclusivity by greeting every student, regardless of background or circumstances.
- Practice attentive body language, such as maintaining eye contact, facing the speaker, and avoiding distracting behaviors.
- Stay curious and seek to understand

Re/Establish Routines

A predictable environment

- Allows students to build trust and a sense of physical and emotional safety
- Decreases unpredictable responses and ambiguity
- Decreases cognitive load so students can focus on instruction

The higher the level of student need or environment disruptions the higher the need for predictable routines and greater opportunity for improvement in climate and culture

- Re-establish the classroom routines you used prior to the event. You want your classroom space to feel as familiar as possible for students upon return.
- Post your class schedule and key activities prior to students entering the class
- Consider independent entry activities that give you additional time to check in with students as needed
- Consider adding a clear procedure for asking for help or taking a break when needed.
- Explicitly teach any new procedures (e.g., hall passes, door or window security) and provide frequent reminders for students as they learn new routines
- Reduce ambiguity and increase consistency in classroom and school expectations using a teaching matrix

Classroom with Social-Emotional Behavioral Skills

The Wilson Way	Classroom Norms	Classroom (Attention Signal: Hand raised)			
		When you feel upset …	Entering class	How to Transition	Small Group Work
We are Responsible	Stay on task Clean up area Apologize for mistakes	Recognize what you're feeling "I feel…" Stop and take a few deep breaths, use coping skills	Turn in homework Put instructional materials in desk Add song of the day to Playlist Box	Put materials away Get materials ready for next activity	Do your fair share Manage time carefully
We are Respectful	Raise hand Listen to speaker Follow directions Use appropriate voice level	Ask for a break if you need a moment Express your feelings appropriately	Greet teacher & classmates Talk in soft voices Enjoy a moment of stillness	Listen for direction to next activity Leave class when teacher dismisses Be silent to hear directions	Listen to understand your peers Take turns speaking Use 3 Gates of Speech Speak only to group members
We are Safe	Walk quietly Keep hands and feet out of aisles	Talk to someone if you need help or if it makes you feel better	Pick up materials from designated areas Take your seat	Be sure aisles are clear of materials Push in chair	Clean up area when time is up

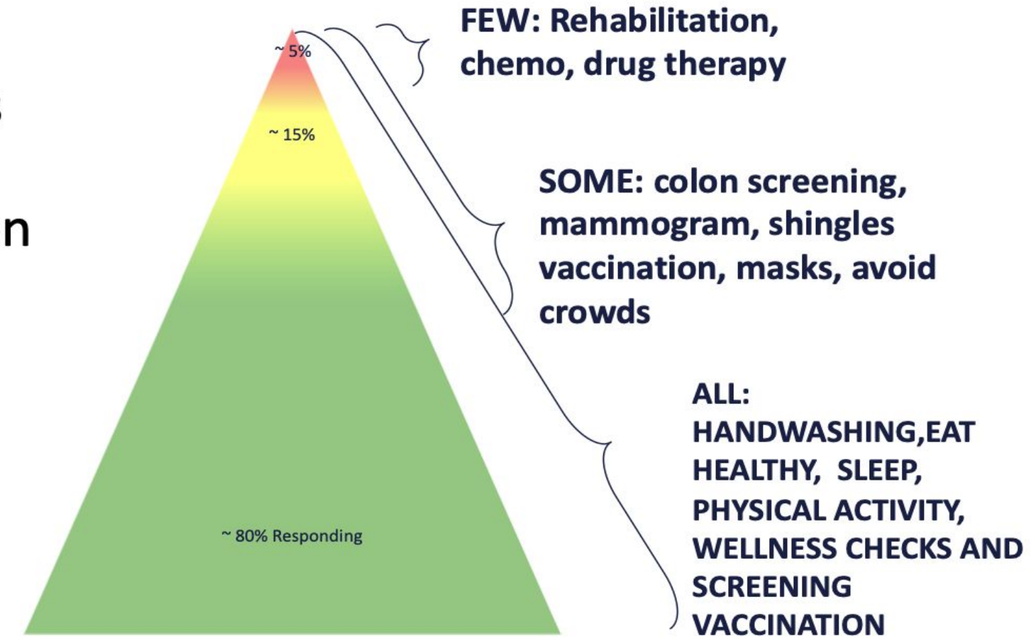
Explicitly Teach and Practice Emotional Regulation Skills

- Proactively prompt and model the use of breathing and grounding techniques
- Increase opportunities for physical movement throughout the day to support emotional regulation and discharge of anxiety

Don’t forget to organize practices within a continuumum that aligns with strengths and needs

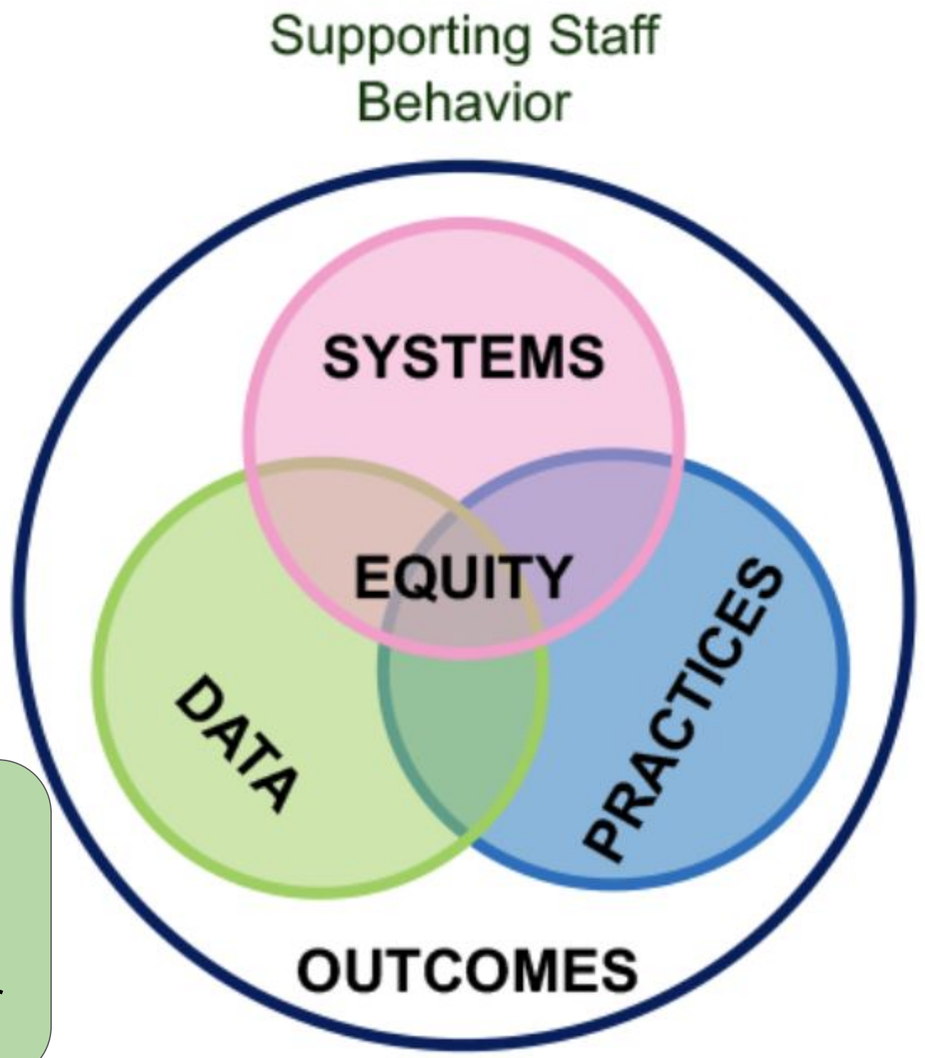
Public Health Model

- Prevention
- Focus on Specific Behaviors across population
- Ensure widespread adoption
- Layered and connected
- Ensure vast majority are healthy- data system and modify as needed



This model adapts based on the needs of the community.

And don’t forget the data and systems you’ll need to support strong and consistent implementation of practices

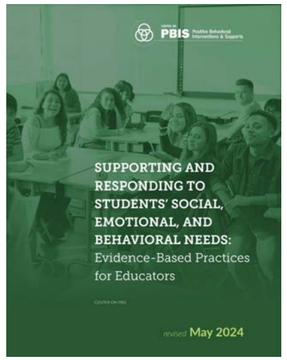


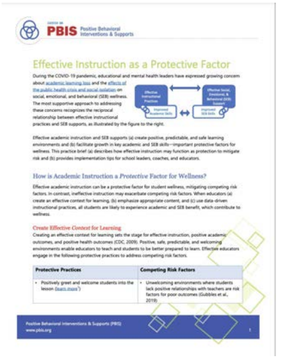
- Adequate staffing and resources
- Recovery Coordinator part of district leadership team
- Written recovery plan
- Remember your “typical” capacity is often compromised in recovery- Do less better

- Triage, Screening,
- Attendance, behavior, course performance (ABC) data
- Fidelity of implementation for any new practices

- Evidence based
- **Aligned to documented need**

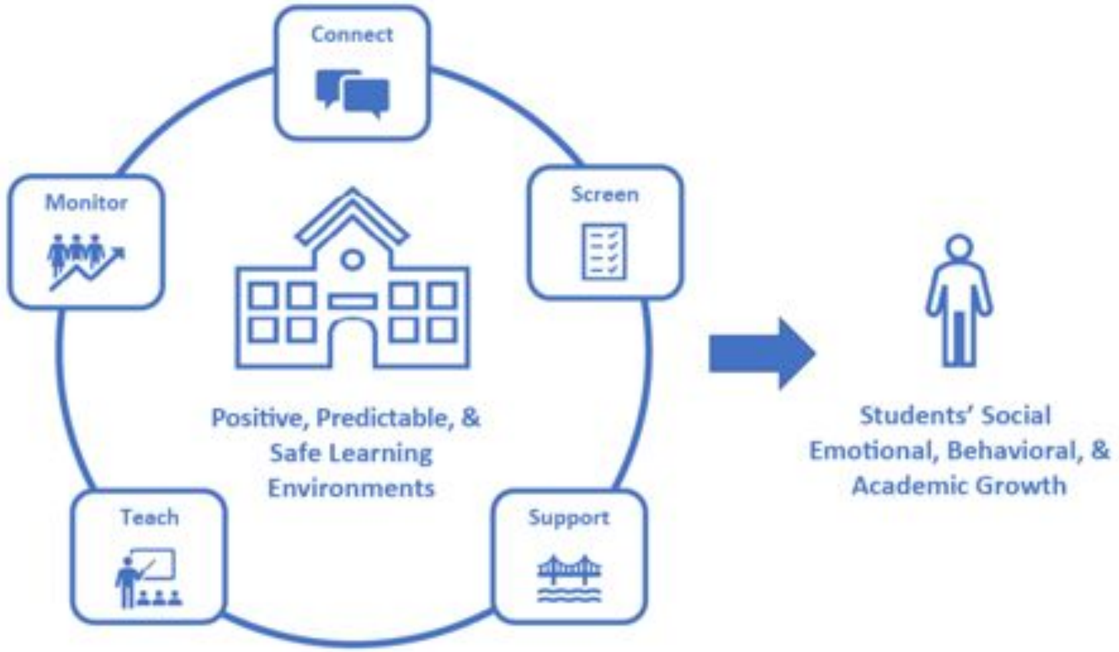
Key Resources



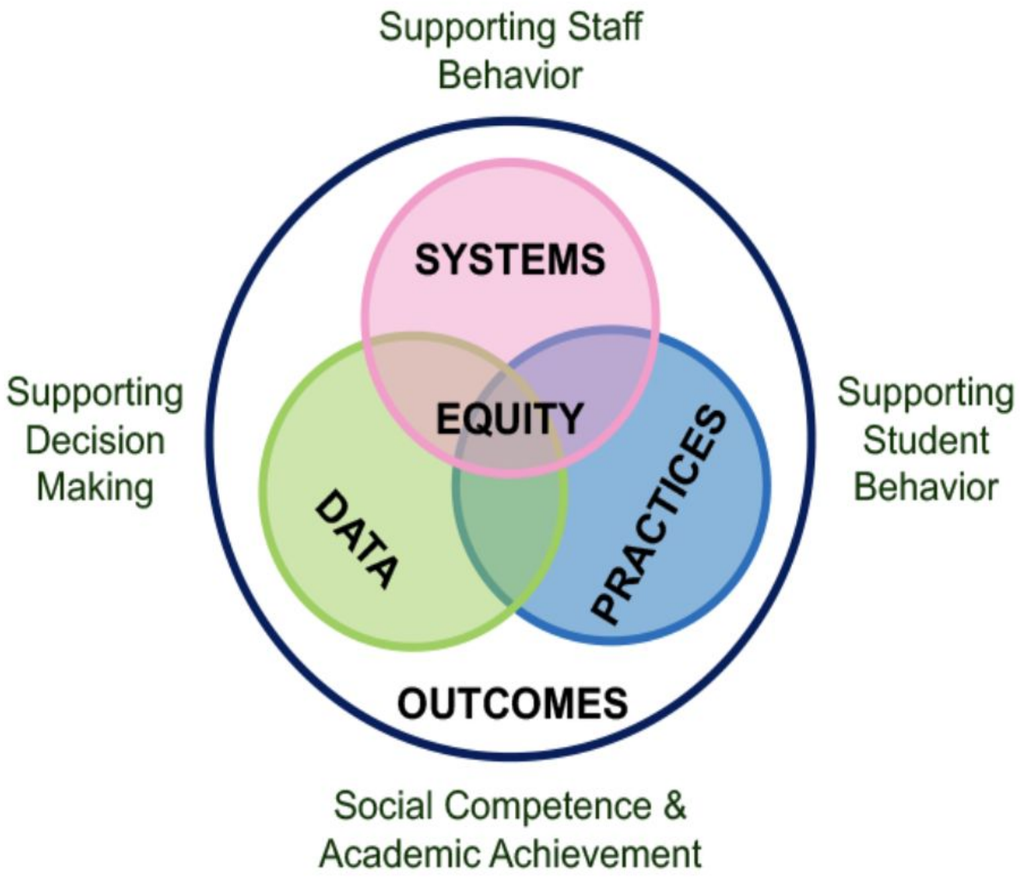


Key Messages

- Build on existing systems but expect systems to be disrupted
- Emphasize core practices over larger frameworks
- Build staff confidence in what they already know
- We also know what works for recovery- its not new or different its just more intensive and purposeful



Prevention and Preparation



- Establish strong PBIS/MTSS implementation with an intentional focus on promoting connection belonging and proactive mental health supports
- Discontinue harmful practices (e.g., exclusionary discipline)
- Streamline access to care with formal community partnerships
- Develop and implement strong anti-bullying policies and supports
- Link emergency response plans with PBIS teams and systems to support implementation fidelity
- Review the physical safety of the building and classrooms and ensure all members of the school community know their role
- Plan and practice re-unification procedures

- Establish data systems that include academics, behavior, social-emotional well-being, and school climate that can be used to proactively address needs and guide recovery efforts.
- Establish triage procedures
- Identify and pre-vet outside resources, prioritize existing partnerships

Resources

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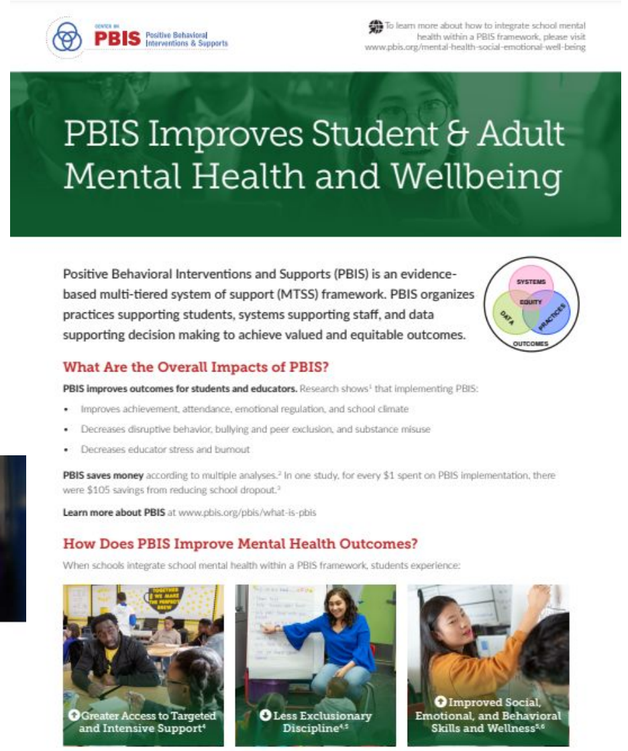
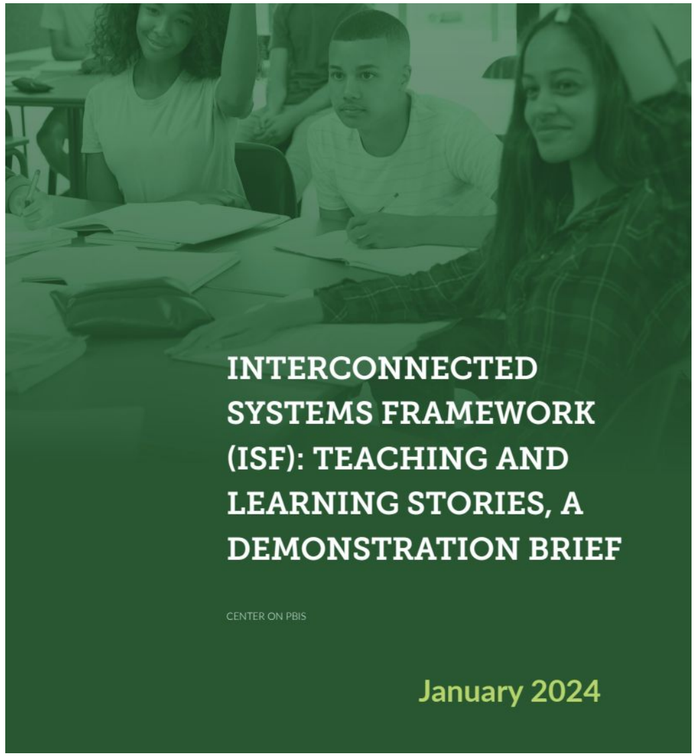
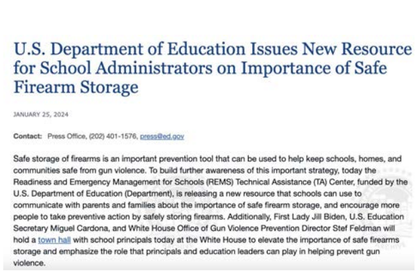
Bullying is frequently noted as an example of disrespectful and aggressive behavior. The majority of bullying and harmful behavior happens in order to get attention, praise, or social status from by-standers, peers, or even the victim. An effective social culture has a formal process for limiting the social rewards available for bullying, and harmful behavior. We call this bullying prevention.

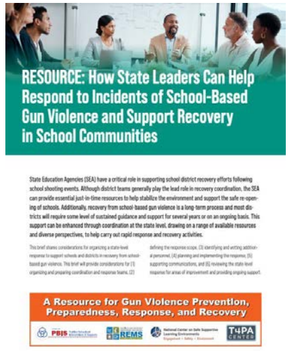
What is Bullying Prevention

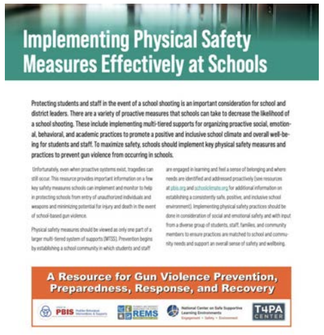
Bullying has many formal definitions, but typically it is when someone repeatedly uses threats, intimidation or aggression to obtain objects, activities or social gain from others. Bullying prevention focuses on the strategies for reducing bullying behavior by blending PBIS with explicit instruction and redefining the bullying construct. Teaching students to identify and respond effectively to the bullying and harmful behavior of others needs to match the students' developmental level. The goal is the same – to reduce bullying behavior – but the process may look different across communities and across elementary, middle and high schools.

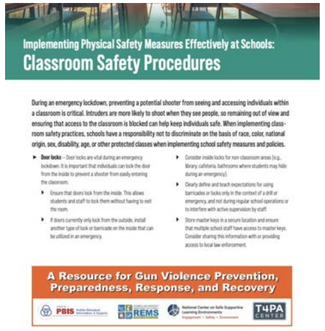


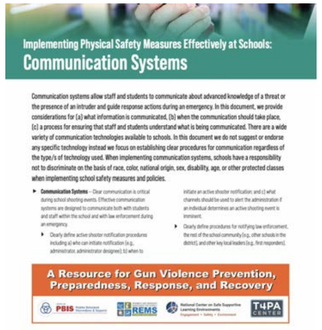


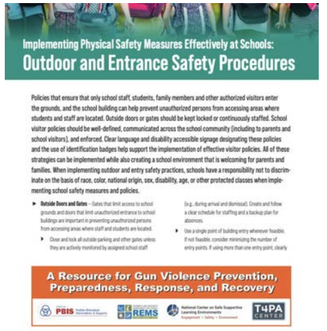












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Resources for Behavioral Health and Crisis Support

- Back to Classroom THINK toolbox for parents, caregivers and teachers

- Behavioral Health Toolbox for Families

- Workplace Resilience

Crisis support

- Suicide Prevention Lifeline: 988
- Crisis Text Line provides confidential text access from anywhere in the U.S. to a trained crisis counselor. Text HOME to 741741 (24/7/365)
- Crisis Connections is a 24-hour crisis line that connects people in physical, emotional and financial crisis to services. Call 866-4-CRISIS (866-427-4747)

Mental Health Resources for Parents, Caregivers and kids

https://wrap-em.org/index.php/mentalhealth

General DOH Behavioral Health Resource Page

Behavioral Health Guidance for Youth and Teens in Crisis

Questions?

Session Evaluation: